VS 150-REV. 1/1/68

No M

Hours

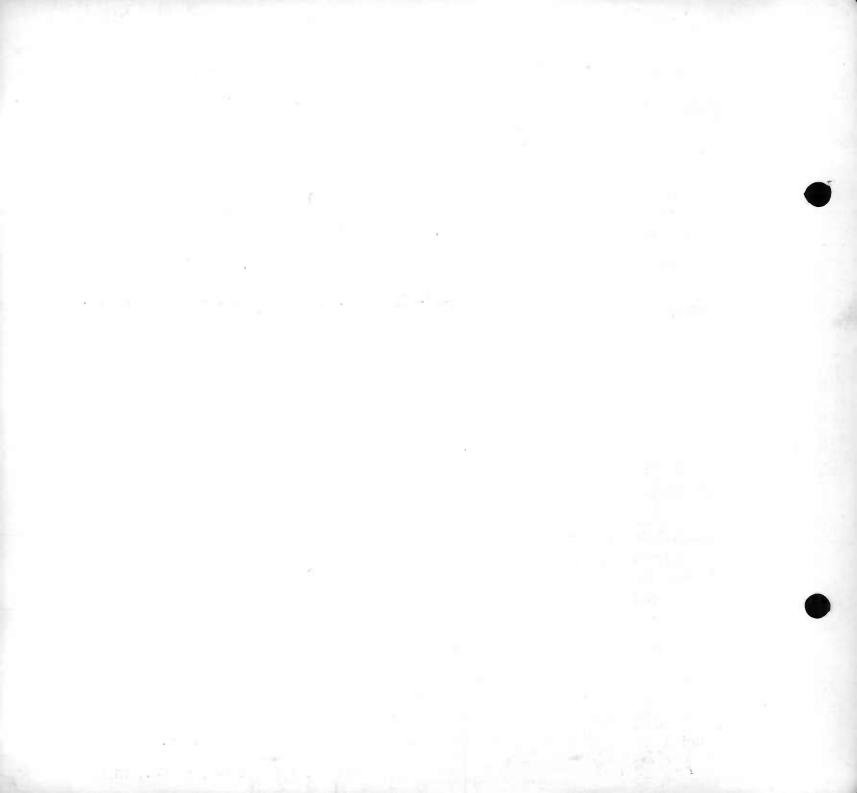
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

USA

ADDRESS

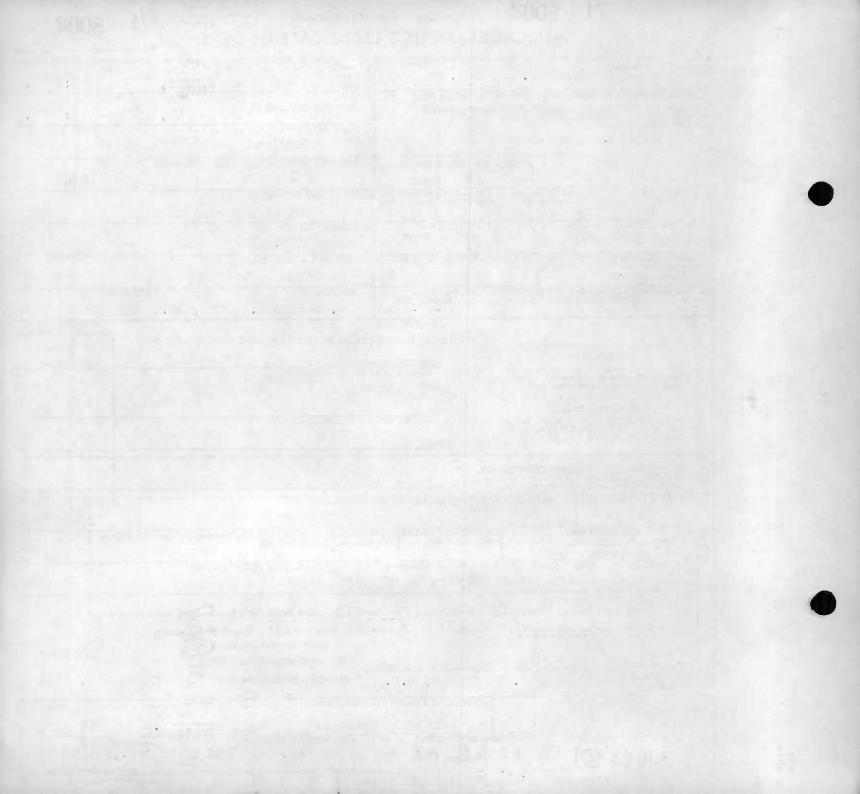
If Under 24 Hrs.



Witzke, 1630 Edmondson Ave., 21228

0

VS 151-REV. 1/1/6B



IMPORTAN

DIRECTOR:

FUNERAL

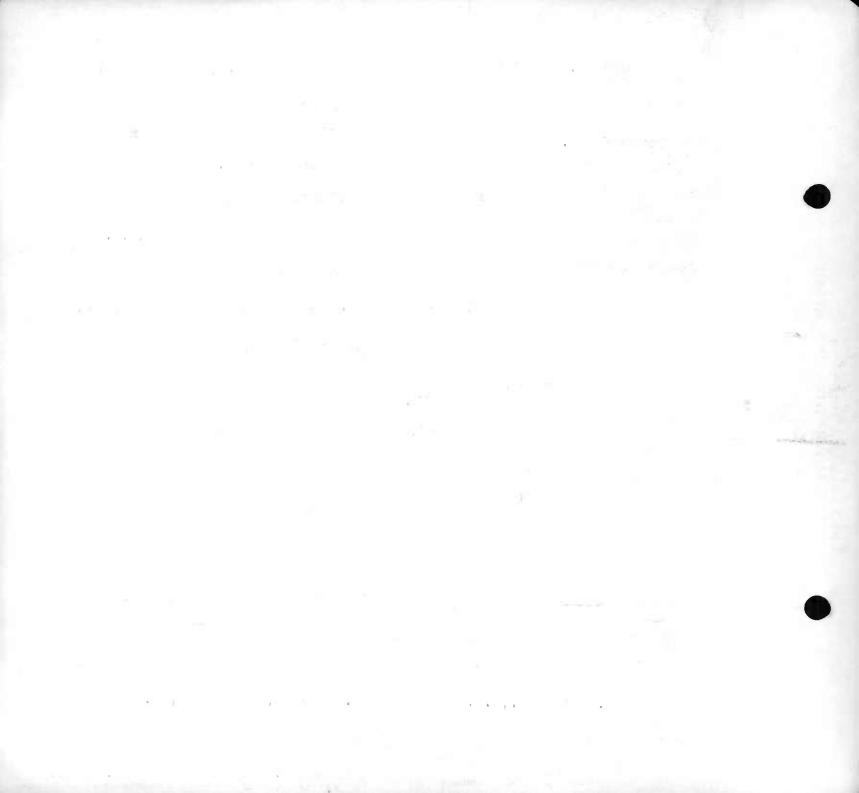
approved

VS 150-REV. 1/1/68

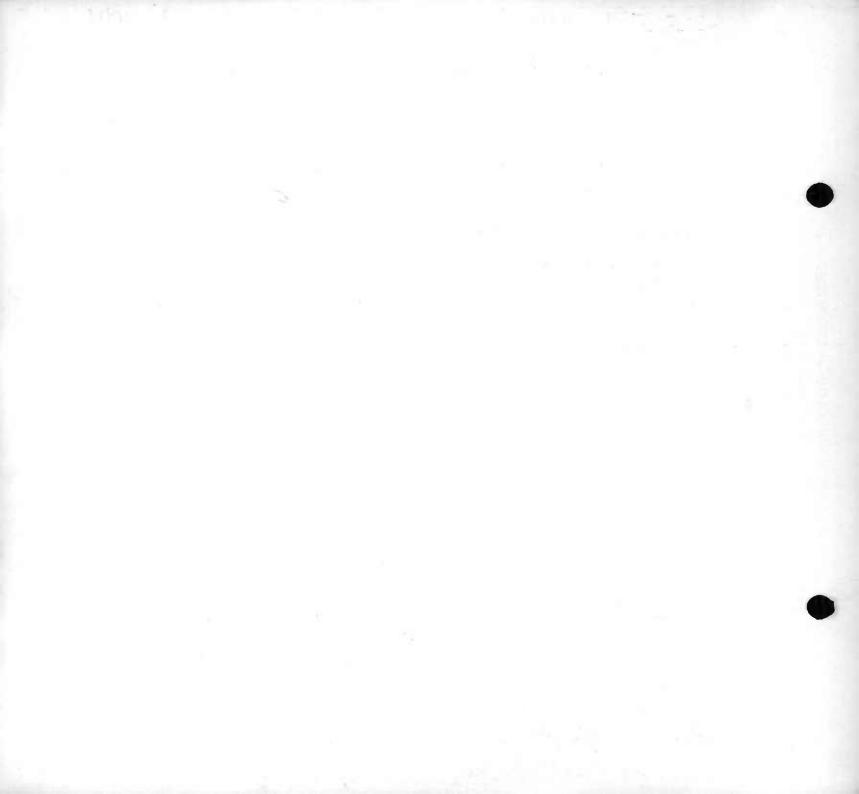
NO

Hours Min.

(Stote)



1	525 71 800	4		HEALTH DEPARTMENT	REG. NO.	8004
1. N	H NO. AME OF DECEASED	/	CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	
	e or Print) DESSIE	V. 10	hannesse	R	23/21 2 8 AM	708
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE AV	here deceased lived. If in	stitution: residence before admission)
HO	L NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCATION	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	BALTI D. INS	MORE 06 0-3
14	15			BALT MORE	5	YES W NO
5 51	-000 SAMARITA	NHI	SPITAL	2102 OR	LEANS 5	T. 21224
34 31	FW	WIDOWED	NEVER MARRIED DIVORCED	2/17/86	9. AGE (in years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
IOA.	USUAL OCCUPATION (Give kind of work during most of working life, even if ret red)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
/	HOUSEWIFE	He	OME	MARYLA	VD	U.S.A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN N		
15 W	- BERLI				YOWN	
1163,	os Deceosed Ever in U. S. Armed For no arunknown) (If yes, give wor or dote	s of service)	16. SOCIAL SECURITY NO. 219 32 /1148	M. Ernest j	blamesen -	2102 Orleans Si
	DISEASE OR CONDITION DIF	RECTLY	CAUSE OF DEATH	Pagat	d 1/:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
11 [This does not mean the mode of heart failure, asthenia, etc. 11 means injury ar complication which caused	the disease	DUE TO, OR AS	CONSEQUENCE OF:	Viseus	***************************************
	ANTECEDENT CAUSES		(0)	apenia		
	DISEASES OR CONDITIONS, if (ise to the above couse (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	**********************	
	UNDERLYING CONDITION last	elating the	(c)	Dementia		
VIION	THER SIGNIFICANT CONDITIONS COIL O THE DEATH BUT NOT RELATED TO THE	LE TEDMINIAT				
CERTIFICATION	PALDATE OF OPERATION 19 CON WAS PERF	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
4 6	IA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF EATH Inotify medical examines	21 B. hometc.)	PLACE OF INJURY (e.g., in e, form, factory, street, affi	or obout 21C, WHERE DID ce bldg., INJURY OCCUR?	(if in Boltimore	City, give exact location)
3 19	1D-TIME (Manth) (Doy) (Yeor) F INJURY APPROX)	I	INJURY OCCURRED Not While At Work	21F. HOW DID II	AJURY OCCUR?	
2	2. I certify that 👯 (this hospital)	attended th		7/2 4	_19 <u>Z/ta</u>	8/23 1971
	nat (1) (ast saw the deceases			19 7/ and		lan death accurred an the date
a	nd hour and fram the causes state	ed abave. (I)	(वाय) (वाय करू) था	ow the bady after death	•	
2	SA. SIGNATURE SK	shi.	/ // Dhum	ding Med.	Shaff Phys.	238. DATE SIGNED
2:	C.PHYSICIAN'S NAME (Typel	1		D. ADDRESS	rnys. —	8/23/11
24A.	BURIAL CREMATION, 248. DATE	7 E R	ME of CEMETERY OF CREA	AATORY 124D	LOCATION (City	t town or county)
06	REMOVAL (Specily) BURIAL 8/26/	71 D	ULANEY VALL		BALTO, N	(Stole)
25A.	DATE REC'D BY HEALTH' DEPT.	25B. NAME O	FREGISTRAR	25C-FUNERAL DIRECTO	W: 10	() ADDRESS (O



N			BALTIMORE CITY	HEALTH DEPARTMENT		174 05	105
BIRTH	-235 71 8	005	CERTIFICA	TE OF DEATH	REG. NO	1 81	JUD
_	E OF DECEASED			2. DATE AND	HOUR OF DEATH		
(Type o		ONALD	XAVERU		7/71 8	DM	AA
3. PLA	CE IN BALTIMORE, MARYLAND, W		CED DEAD	A. STATE B. COUNT	deceased lived. Il		efore odmission)
FULL I	NAME OF (IF NOT IN HOSPIT	AL OR INSTITUT	TON, GIVE STREET	MD		15	37
	ADDRESS OR LOCALITION AND MEMORI		COITAL	C. CITY OR TOWN		SIDE CITY LIMITS?	
14.	33rd & Calver			E. STREET AND NUMBER	1	YES N	<u> </u>
	DS TE COUVER	0175	21218	33rd E	Calver	+	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	AGE (in years	Months Doys H	Under 24 Hrs.
F	13	WIDOWED	DIVORCED _	8/20/00	70		
	UAL OCCUPATION (Give kind of world ring most of working life, even if refired)	108 KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF W	•
1	louse wite			Baltimore, Md.		AMER	
	HER'S NAME			14 MOTHER'S MAIDEN NAM	E		
1	MADISON FE	ENWIC	K	BUNDY,	SUSAN		
15. Wes	Deceased Ever in U. S. Armed For or unknown) (If yes, give war or date	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	1 . / / ^
No			3630mm 1136	DR. Goery	te MCDON	MLD SILL	owhaten H
18.	15.3.31		CAUSE OF DEAT				MATE INTERVAL
	DISEASE OR CONDITION DI	RECTLY		- 1 0	01-1		
/71	LEADING TO DEATH is does not mean the mode of	dulan an	(A) IMMEDIATE CAL	SE Intestinal	OBSTANCE	From Tw	O YEAR
he	art failure, asthenia, etc. it means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
inj	ury or complication which caused		(100	1 10.10	6	~	
	ANTECEDENT CAUSES		(8)	INOMA of	216MO	\mathcal{D}	
DI:	SEASES OR CONDITIONS, II	any, giving stating the	DUE 10, OR AS	A CONSEQUENCE OF:			
	IDERLYING CONDITION lost.		(c)				
-		constitutor					
EITO	HER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO T	HE TERMINAL					
V DIS	EASE OR CONDITION GIVEN IN PART DATE OF OPERATION 1984 CON	T 1 (A).	HICH OPERATION	(20A. AUTOPSY? (Yes or No.)	208 IF YES WERE	FINDINGS CONSIDE	\$£D
CERTIFIC 51/2	WAS PER	FORMED	inch orthon		IN CERTIFYING C	FINDINGS CONSIDE AUSES OF DEATH?	
OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examined)	218, P home, etc.)	LACE OF INJURY (e.g., i farm, factory, street, o	n or obout 21 C. WHERE DID fice bidg. INJURY OCCUR?	(il in Boltime	ore City, give exact loca	otion)
D 210	PATIME (Month) (Day) (Year)	(Hous) 21E 1	NJURY OCCURRED	215. HOW DID INJU	RY OCCUR?		-
E (A	PROXJ	While Work	At Work				
22	I certify that (1) (this hospital				7to2	117171	19
1 1	at (i) (we) last saw the decease	-	- 1 7	/ '0 ~	4,00	Inion death occurr	
		`	- ' ' / /	ond the	in (my) (our) of	imon death occurr	ed all the date
	d hour and fram the causes sta	red abave. (I)	(me) (did) (did not) v	lew the body after death.		238, DATE SIGNED	
	5. 40	Auto	Dh.	nding Med.	Stoff Phys.	8/17	121
230	-FHYSICIAN'S	100	DEGREE	23D. ADDRESS	1 0	(1 - 1/	0
	NAME (Type) Salah	Rafa	ti'	UnionMe	morral	Hospita	9
24A. BI	URIAL CREMATION, 248. DATE	24C. NA/	DEGREE ME OF CR	MATORY 24D. LO	CATION (City, town, or county!	(Stotel
	enoval (Specify) 8-21-7]	Arh	utus Memoria	The second secon		Arbutus,	Md.
	ATE REC'D BY HEALTH DEPT.	258. NAME OF		25C, FUNERAL DIRECTOR		ADDR	
1	UG 25 1071 0 0	E Fach	.000.	Mary-Elizabet	h Law 802	Madison Av	
		THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	of AND WAR IN	1102 1 22200000			
V\$ 150	-REV. 1/1/68	1 03 300 300					

3311 Powhatow Ave.

shows:

AUG 25 VS 150-REV. 1/1/6B

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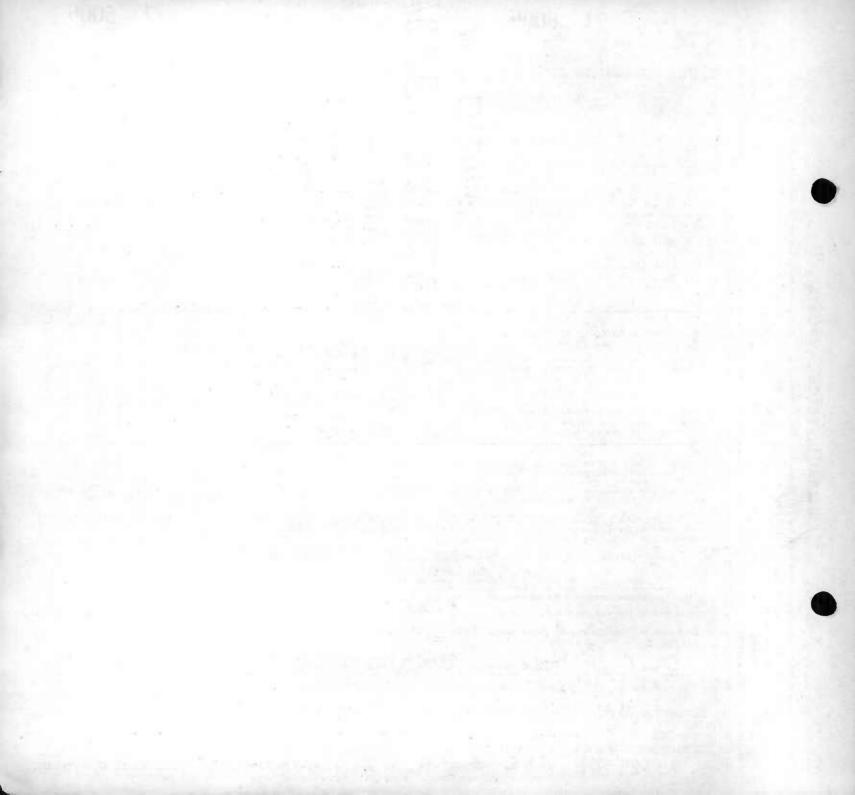
prior to death.

attendance on the

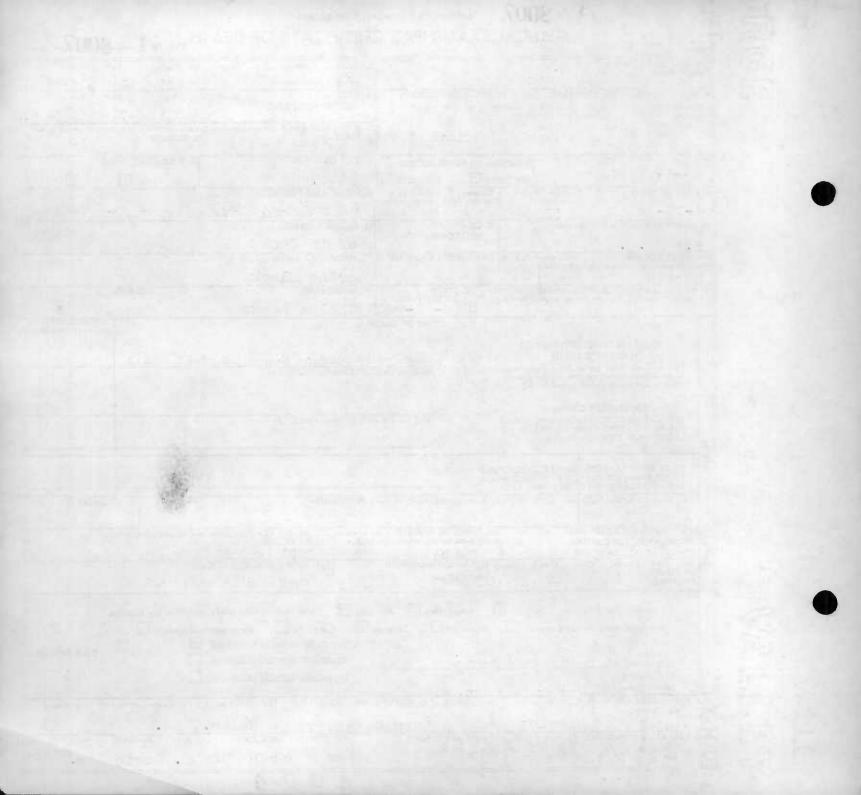
H-453 71 8006 CERTIFICATE OF DEATH REG. NO.	DISTRICT.
	DUUS
Type or Print) ANDREW HOLLAND 2. Date and hour of Death August 22, 1971	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution:	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN Baltimore YES A	
545 Presstman Street E. STREET AND NUMBER 545 Presstman Street] 10[]
	der 1 Yr. If Under 24 Hrs.
Male Negro WIDOWED DIVORCED 9-28-1918 52	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Laborer Churchton, Maryland	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Joshua Holland Emma Nick	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	
No 213-20-5462 Mrs. Bernice Holland-545 Press CAUSE OF DEATH	stman Street
DISEASES OR CONDITIONS, il ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING CAUSES OF	S CONSIDERED DEATH?
Of 21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, gi on CONTRIBUTING CAUSE OF hame, form, foctory, street, office bidg., INJURY OCCUR?	ive exact location)
U 21A. A CCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, gi	ive exact location)
21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimare City, gi nor about 21 C. WHERE DID (If in Balt	19
21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (if in Baltimare City, girls of the bady of the part of the bady of the bady of the Baltimare City, girls of the bady of the bady of the Baltimare City, girls of the bady of the bady of the Baltimare City, girls of the Baltimare City,	19
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) ottended the deceased fram 19 to 19 and that In (my) (aur) apinion decond hour grad) fram the couses stoted above. (I) (We) (dld) (did not) view the bady ofter death. 23C. PHYSICIAN'S NAME (Type) Louis E. Harmon DEGREE 224 Madison Avenue	are SIGNED
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospitol) ottended the deceased fram	or county) 19 19 ATE SIGNED 24-71

-Ekizabeth Law

802 Madison Avenue

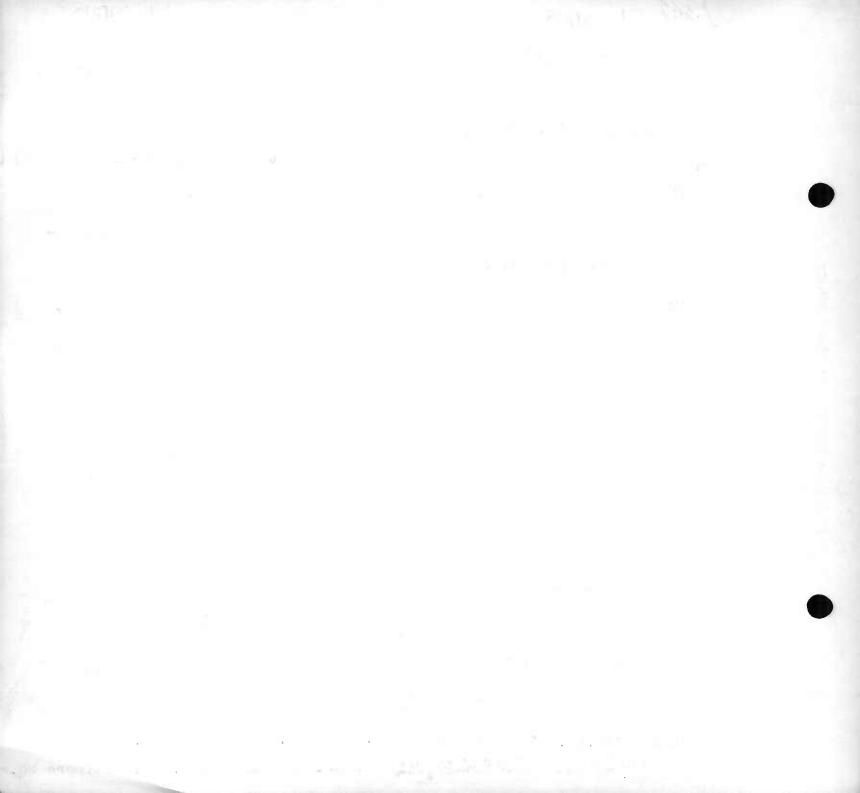


71 8007. BALT	IMORE CITY HEALTH DEPAR	TMENT	
C-200 MEDICAL EXAM	AINER'S CERTIFIC	ATE OF DEAT	H IIIA anom
BIRTH NO.		DATE OF DEAT	REG. NO.
1. NAME OF DECEASED D.	2. DATE OF	Known 🔀 Month	Doy Year Hour
John, Cook	DEATH	Estimoted 🗆 8	24 71 12:36 Ам.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF HOSPITAL ADDRESS OR LOCATION)		NCED DEAD Month	24 71 12:36 A.M.
Johns Hopkins Hospit	al A. STATE	SIDENCE (Where deceosed in	red. If Institution: residence before odmission) B. COUNTY
6. SEX 7. RACE 8. MARRIED NEV	Maryl C. CITY OR		ID. INSIDE CITY LIMITS?
Male Negro WIDOWED	DIVORCED Balto		YES NO
9. DATE OF BIRTH 10. AGE (In years # Under Y Iosi birthdoy) Months Day	r. H Under 24 Hrs. E. STREET A	ND NUMBER	1 0
4-17-34 37	123	3 Harford	AVE
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN			
EXE S.C.	Decot	a Cook	
14A-USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINE done during most of working lile, even if relired)	SS OR INDUSTRY 15. MOTHER	'S MAIDEN NAME	
Roofer	Corin	e Baack	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)			ADDRESS
216		ma Banks	
19.) G / G / X	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAUSE Guns	hot wound of ri	cht chest
(This does not mean the mode of dying, e.g., heart ioilure, osthenia, etc. it means the disease.	DUE TO, OR AS A CONSEQU	ENCE OF:	girt cliest
injury or complication which coused death.)			
ANTECEDENT CAUSES	4-1		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B) DUE TO, OR AS A CONSEQ	UENCE OF:	
2	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS PERFORME	D	21. AUTOPSY? (Yes or No)
			Yes
22A. EXTERNAL CAUSE WAS LINDERLYING MADE CONTRIB.	OF INJURY (e.g., In or about 22 octory, street, office bldg., etc.) IN	C. WHERE DID (If in Baltimore	
O LEWIS CONTROL		JURY OCCUR?	10.01
2 22D. TIME (Month) (Day) (Vers) (Heur) 1225 these	RY OCCURRED 22	1233 Harford A	venue /
OF INJURY (APPROX.) 8 24 71 12:05 WHILE AT WORK	NOT WHILE	Shot during al	
23.	AT WORK	blice during ar	ccreation
I cortify that I held an Inquiry Inspe	ction Autopsy 3	and that on this basis,	leath in my opinion
resulted from: Natural causes Acciden	Sulcide Hon	_	ed manner
1100		the state of the s	X
SIGNATURE WOULD S	ACCIO	ANT MEDICAL EXAMINER	DATE SIGNED
EXAMINERS	711.12.	TATE MEDICAL EXAMINER	8-24-71
NAME (Type) Werner II. Spitz	M. D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY OF CREMATOR	Y 24D. LOCATION	(City, town, or county) (State)
	Auburn Cemeter	y Balto.	, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	SISTRAR 125C. FI	y Balto.	, Md . ADDRESS
	STRAR 25C. FL	NERAL DIRECTOR	



FUNERAL

VS 150-REV. 1/1/68



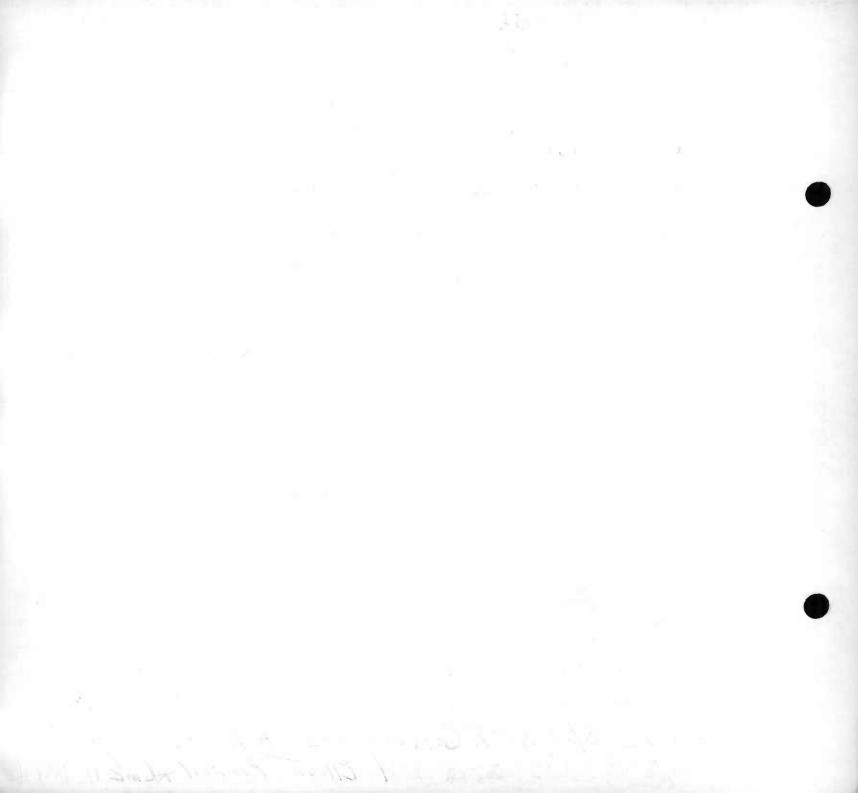
JL.	2000	BALTIMORE CITT	TEALTH DEPARTMENT		
	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG

1	HOW 71 8009 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71	8009		
H-400	I. NAME OF DECEASED (Type or Print) Albert Harlay A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. C. DATE OF DEATH B. Known Day Ye DEATH B. Stimoted B. 13 TO TO THE STREET PRONOUNCED DEAD B. 13	7:55 a. _{M.}		
	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if Institution: reside	71 7:55 a M.		
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMI			
•	male Negro WIDOWED DIVORCED Balto. 9. DATE OF BIRTH 10. AGE (In years I funder 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Monihs, Days Hours; Min.	NO L		
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF (WHAT GOUNTE)? 13. FATHER'S NAME WHAT GOUNTED?			
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if refired)			
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (II yes, give war or doles of service) 17. SOCIAL SECURITY NO.			
	CAUSE OF DEATH Stab Wound of chest Stab wound of chest (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) II			
	0	UTOPSY? (Yes ar Na) yes		
	22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (ii in Baltimore City, give exact locally home, farm, factory, street, affice bldg., etc.) STREET 2100 blk. of Barcley St. 22F. HOW DID INJURY OCCUR? SINJURY OCCUR? 22F. HOW DID INJURY OCCUR? Subject was stabbed during work with the property of the prop			
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide K Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type)	DATE SIGNED		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (CHy, 10wn, of confidence of the confi	(State) S.C., S.C.		
	VS 151-REV. 1/1/68	57		

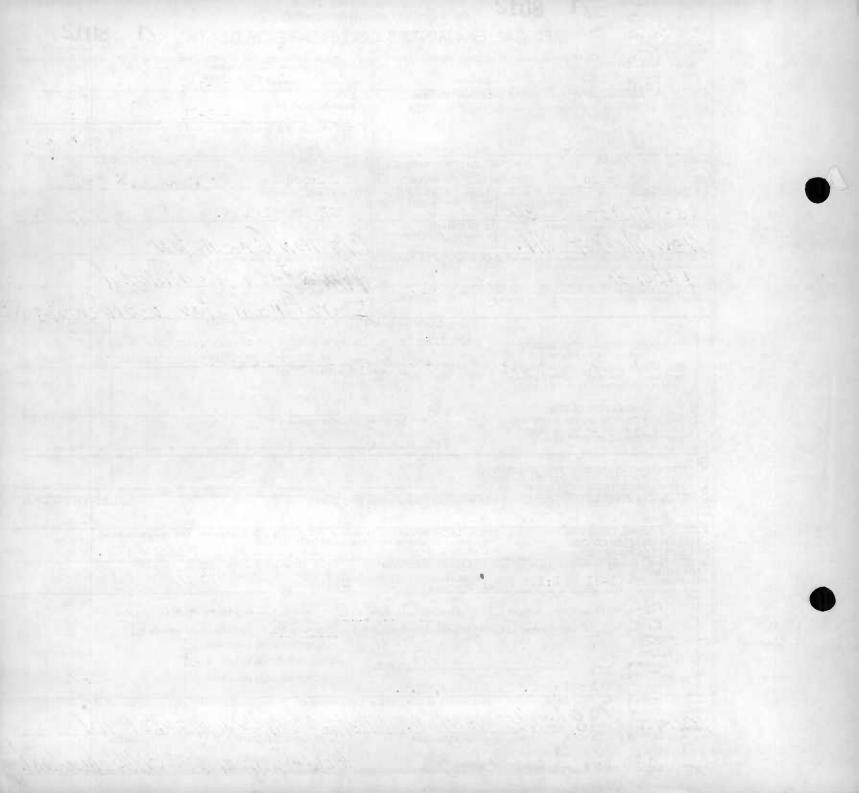
SERGNAL SIEL - TOTAL I PORCE



1.1.	-250	71	on44	BALTIMORE CITY	HEALTH DEPARTMENT		71 0044	
BIRTH NO	D	1 2	OUTT	CERTIFICA	TE OF DEATH	REG. NO	/1 8011	
	OF DECEASED	amue	2/ Ja	chear	2. DATE A	ND HOUR OF DEATH	.12100	
3. PLACE				OUNCED DEAD	4. USUAL RESIDENCE (Wh	nere deceased fixed. If is	nstitution: residence before admission)	
FULL NA HOSPITAI	MEOF (IF			TTUTION, GIVE STREET	Md		1702	
Ma	ryland	Gen	eval	Hospital	Beltimore	D. INS	YES NO	
48					518 Dolp	L'in St.	21217	
5. SEX		N	7- MARRIE	DIVORCED	8. DATE OF BIRTH 3-31-09	9. AGE (In years last birthday) 62	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
10A. USUA	L OCCUPATION mast of working lil	(Give kind of	work 108, KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or las	leign country)	12. CITIZEN OF WHAT COUNTRY	
u	nknown	e, e e e e e e e e e e e e e e e e e e		remployed	Md.		USA	
13. FATHE	EVMES	t. Jac	Kson		14. MOTHER'S MAIDEN NA	ah Brow	un	
15, Was D	eceased Ever in unknown) (II yes,	U. S. Armed give war ar a	Forces? lates of service!	16. SOCIAL SECURITY NO.	17. INFORMANT Viola Rec	1 2802 Elsno	ADDRESS Are B. Md 21216	
18.	1221			CAUSE OF DEATH		Ligito	APPROXIMATE INTERVAL	
	DISEASE OR C						BETWEEN ONSET AND DEATH	
/Thin		G TO DEAT		(A) IMMEDIATE CAU	se Ca L	ung	4/2 4/5.	
heart	heart foilure, astheria, etc. Il menus the disease							
injury	injury at camplication which caused death.)							
DISEA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:							
กรอ	lo the abave	couse (/	f any, giving A) sloting th	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDE	RLYING COND	ITION last		(c)	***************************************	**********************		
E ITO TH	SIGNIFICANT CO	T RELATED TO	THE TERMINAL					
< DISEAS	E OR CONDITION	N GIVEN IN F	ART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes) or N	oll 208 to Vee Week	PINDINGS CONSIDERS	
E 7.		WAS P	ERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
. OR CO	CCIDENT WAS INTRIBUTING [UNDERLYING CAUSE OF examine)	21 ho etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, offi c.)	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(II In Baltimore	e City, give exoct location)	
OF INJ	URY	(Doy) (Yes	7.0	E INJURY OCCURRED	21 F. HOW DID INJ	JURY OCCUR?		
(APPRO			_ w	hile At While At Work				
22. 1 c	ertify that (i)	this hospit	al) attended	the deceased from	8-14	19 71 to	8-16 1971	
that (I) we last say	the decea	sed alive an.	8-15	19 71 and th	nat in (my) (our) opli	nion death occurred on the date	
		e couses s	tated abave.	(i) We) (dld) (dld nat) vi				
23A. SIG	GNATURE	71/	Λ				23B. DATE SIGNED	
lin	uold 1	Way	auder	MD DEGREE Phys.	ding Med.	Staff Phys.	8-16-71	
23 C. PH	YSICIAN'S AME (Type)				D. ADDRESS	, k	11	
	Arı	nold G.	Alexan	der MD DEGALE	1606 Park A	lve- Balt.	Ud. 21217	
24A. BURIA	L CREMATION, DVAL (Specify)	24B. DATE	/ 24C. N	PLOREE			y, town, or county) (State)	
BU 25A. DATE	MAL	8/2a	125B NAME	OF REGISTRAL	y CEM. A	A. Cour	17 117	
AUG	25 1971		8 5 Jak		25C. FUNERAL DIRECTOR	ENERL	ADDRESS ALCAND	
/S 150-REV	/. 1/1/68						10 110 110-410h	



VS 151-REV. 1/1/68



BII	71 8013 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 8013
T.	NAME OF DECEASED De or Print) Jerome Michael Payne	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted 8 20, 1971 3:05 P
FUI	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD I NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION) INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD 8 20, 1971 3:05 P. 5. USUAL RESIDENCE (Where deceased lived, if institution; residence belorg admission)
	Lutheran Hospital	A. STATE Maryland B. COUNTY 1504
	Male 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
	DATE OF BIRTH 10. AGE (in years # Under 1 Yr. il Under 24 Hrs. Months, Doys Hours Min. Under 1 Yr. il Under 24 Hrs. Months, Doys Hours Min. Under 25 Under 1 Yr. il Under 24 Hrs. Under 1 Yr. il Un	E. STREET AND NUMBER 2105 N. Smallwood Street
11.	BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	Samuel L. Payne, Sr.
don	Baltimore Maryland USA - USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' eduring most of working lile, even if refleed) ent of Sanation	Julia Scott
16. (Ye	ent. of Sanation Was Deceased Ever IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service) Yes 17. SOCIAL SECURITY NO. 218-44-7303	Mr. & Mrs. Samuel Payne 2105 N. Smallwood S
NOIL	Injury or complication which coused death.) ANTECEDENT CAUSES (B)	CAUSE Intravenous narcotism AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-	
CERI	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
EDICAI	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B.PLACE OF INJURY (e.g., home, farm, foctory, street, office	in or obout 22C. WHERE DID (if in Boltimore City, give exact location) to bidg., etc.) INJURY OCCUR?
Σ	OF INJURY (APPROX.) MHILE AT NOT NOT AT WORK AT W	WHILE OCCUR?
	ACTUAL SIGNATURE Resulted from: Natural causes IX Accident Suicion Suicion Suicion ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 8/21/71
	EXAMINER'S Charles S. Springate, M.D. A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY MOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)

Baltimore,

Maryland ADDRESS

Arlington S. Phillips 1737 N. Monroe Street

Arbutus Mem. Park

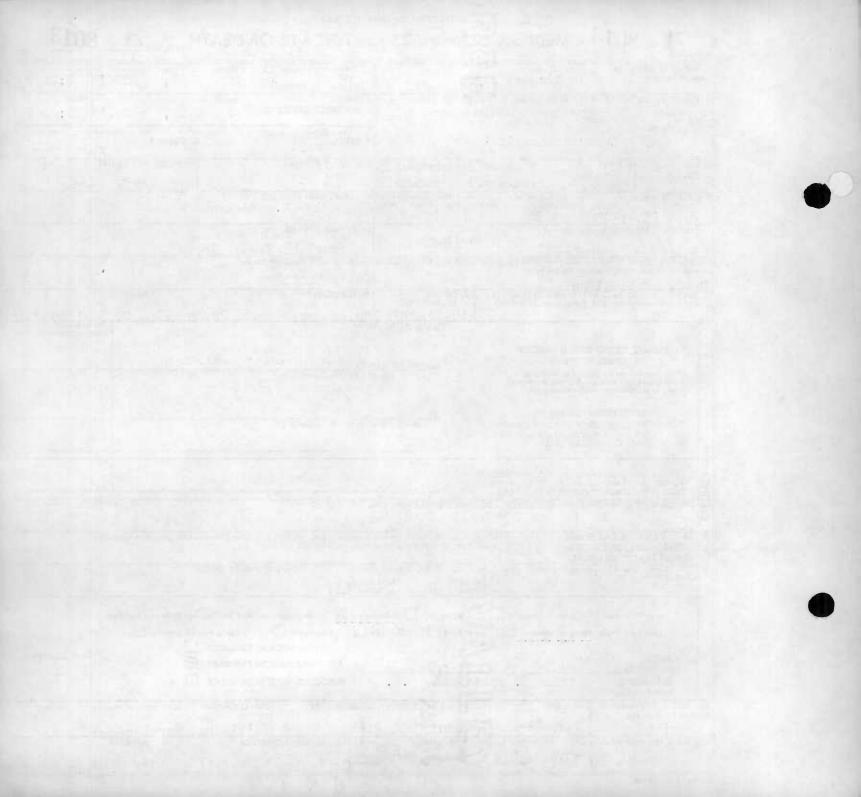
258. NAME OF REGISTRAR

Pobers E. Farber, M.D.

Burial 8-2 25A. DATE REC'D BY HEALTH DEPT.

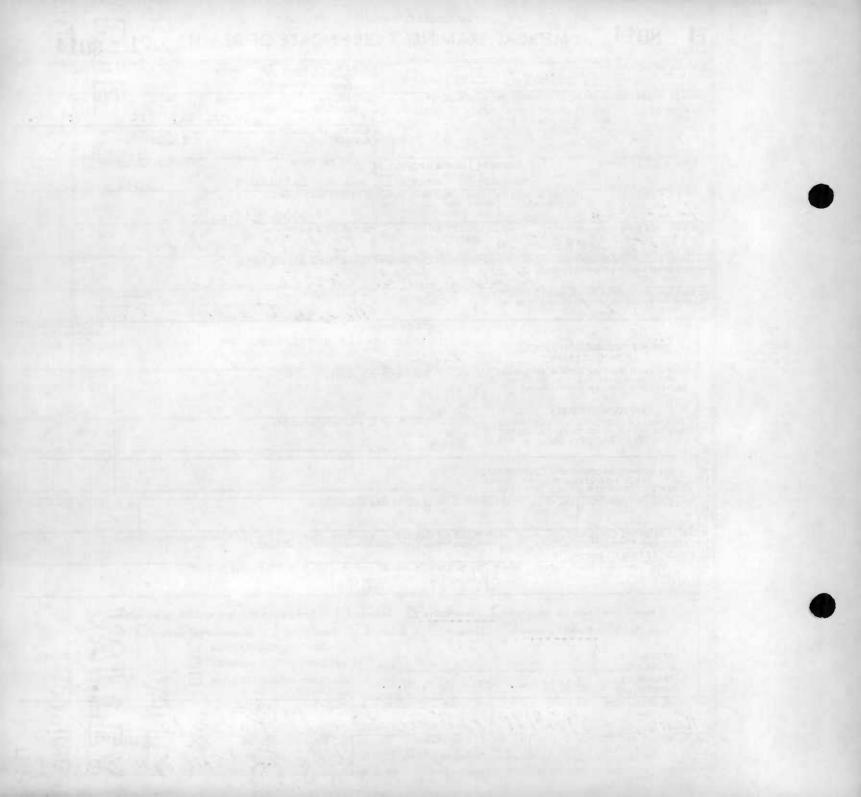
VS 151-REV. 1/1/68

8-25-71



250

71 8014 MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	REG. NO. 1	8014	
1. NAME OF DECEASED (Type or Print) JONATHAN J	ACKSON	2. DATE Known DOF DEATH Estimoted	Month	Day	Yeor Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE P FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED DEAD	Month August 2	Doy 21, 1971	Yeor Hour 7:2	
3000 Clifton Aven	ue ,	5. USUAL RESIDENCE (WA A. STATE Maryla	B.	l. If Institution: res	dence before odr	nission)
6. SEX 7. RACE 8. MARI Male Negro Widon	RIED NEVER MARRIED DIVORCED DIVORCED	C. CITY OR TOWN Baltim		INSIDE CITY		
9. DATE OF BIRTH 10. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER		YES L	NO	
11. BIRTHPLACE (State or location country) NATA CARRIER	12. CITIZEN OF WHAT COUNTRY?	3000 C	lifton Av	renue		
i 4A.USUAL OCCUPATION (Give kind of work) 14B. KINI done during most of working lile, even if reiired)	OF BUSINESS OR INDUSTRI	15. MOTHER'S MAIDEN N	AME PO	470		
16. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no or unknown) (If yes, give wor or doles of service		18. INFORMANT	· · · · ·	Bald	ESS	mo
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, asthenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION 20B. CONDITION	(6) DUE TO, OR (C)	AUSE S A CONSEQUENCE OF: AS A CONSEQUENCE OF:				
DISEASE OR CONDITION GIVEN IN PART 1 (A)		S PERFORMED		21,	AUTOPSY? (Yes	or No)
UTING CAUSE OF DEATH,	228. PLACE OF INJURY (e.g., home, farm, factory, street, office	in or obout 22C. WHERE DIE	(If In Baltimore C	ity, give exact loc	NO polion)	
22D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.)		WHILE 22F. HOW DID I	NJURY OCCUR?	1		
I certify that I held on Inquiry resulted from: Natural causes X ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S.	Inspection & Autorition & Suicident Suicident M.D. Springate, M.D.		LEXAMINER E	manner 🔲	DATE SIG	
	AME OF REGISTRAR E. Janes, M.D.,	r CREMATORY 24E Léval 1 25C) FUNERAL DIRECTION OF THE CONTROL OF T	LOCATION CALLES	ADDRE	no	eurl



IMPORTAN

DIRECTOR:

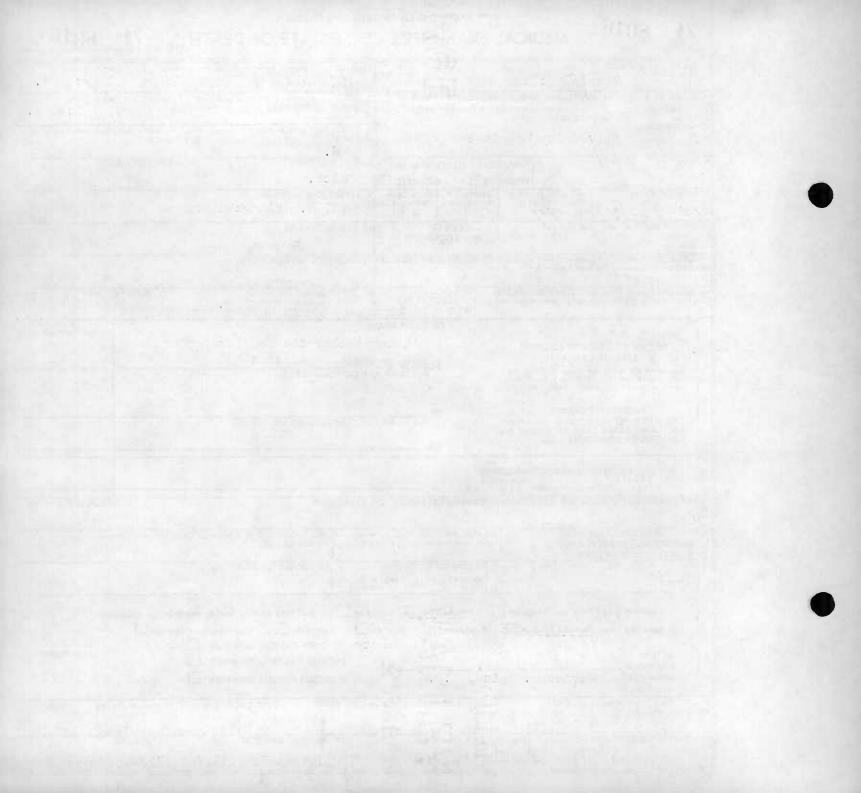
FUNERAL

VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

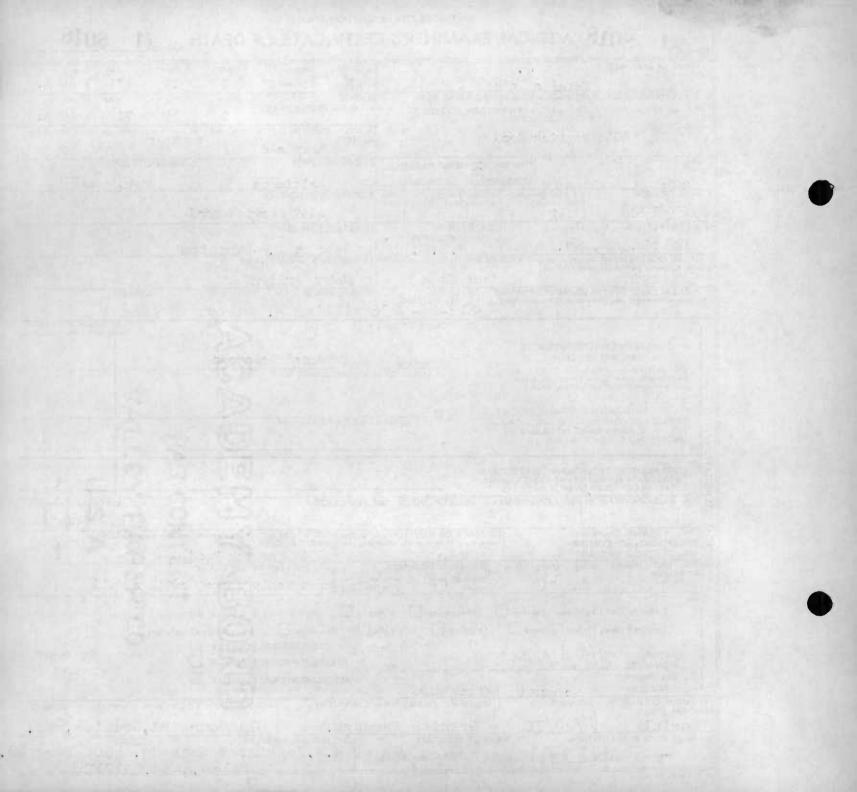
F (2)	016 MEI	DICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	71	8016
BIRTH NO.							WEO: 110		
1. NAME OF DE	Bessie But			2. DATE OF DEATH	Estimoted	Month 8	16	Year 71	5:40 p. M.
4. PLACE IN BAI	LTIMORE, MARYLAND,	WHERE PROP	OUNCED DEAD	3. DATE		Month	Day	Year	Haur
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET		UNCED DEAD	8	16	71	15:40 р.
38	University	Hospit	al	A. STATE	ESIDENCE (Where	e deceased li	B. COUNTY	n: residence	60
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	2 7 /
female	Negro	WIDOWED		Balt	0.			res 🗆	NO 🗆
9. DATE OF BIRT	iost birthde	n yeors H	Under 1 Yr. II Under 24 Hrs. nths Days Hours Min.		N. Arlin	gton A			<u> </u>
New Je	State or fareign country)	12.	CITIZEN OF WHAT COUNTRY? USA	13. FATHER	S NAME John Pe	attence	n		
14A.USUAL OCCU	PATION (Give kind of work	148. KIND O	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME	211		
House	working lile, even if relired)								
A WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORA	Po Sanna		Δ.	DDRESS	Lanau T
**	ED EVER IN U.S. ARME (If yes, give war or dotes	al service)	SECURITY NO.						Lenox Terr
NO 119.			1212-926-7213 CAUSE OF DEAT		Dorothea M	<u>lerchar</u>	it 25 W.	132 ^{nc}	St. N. Y
7 6	I SE OR CONDITION DIRE	CTIV			rotic car	diovas	cular		WEEN ONSET AND DEATH
	LEADING TO DEATH	CILI			disease		0		
(This days a	d he about the made of de	ying, e.g.,	(A)IMMEDIATE C	S A CONSEQ					
neart tailure	, osthenia, etc. Il means th aplication which caused de	n diseose,							
		30 50							
	NTECEDENT CAUSES		(B) DUE TO, OR	AS A CONCE	2115.105.05				
RISE TO THE	OR CONDITIONS, IF AN	TING THE	DOE 10, OK /	AS A CONSE	PUENCE OF				
UNDERLYIN	NG CONDITION LAST.		(c)						
2	11								
DISEASE OR	IIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINA							
20A. DATE OF	OPERATION 208. CO	NDMON FO	WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes ar Na)
O								n	0
22A. EXTER	NAL CAUSE WAS	22B	PLACE OF INJURY (e.g.,	In or obout 2	2C. WHERE DID	il in Baltimor	e City, give ex		
	OR CONTRIB-	hom	PLACE OF INJURY (e.g., e, farm, lactory, street, office	bldg., etc.) Il	JURY OCCUR?				
≥ 22D. TIME	(Manth) (Day) (Yea	r) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	ILIPY OCCI	ID9		
OF INJURY (APPROX.)	(WHILE AT NOT	WHILE	LI HOW DID HA	JOKI OCCI	, KI		
23.		m.	WORK LATW	ORK					
	Ify that I held on I	ngulry 🔲	Inspection XX Aut	opsy 🗌	and that an th	la basta	d at		
					and that on th			_	
result	ted from Natural cau	ses A					ed manner		
ACTUAL	11118 1101	11	Dep	-	HIEF MEDICAL E		XXXX		DATE SIGNED
SIGNATI	URE WWW VIII	VV	M.D.	ASSIS	STANT MEDICAL E	XAMINER			
EXAMINI NAME (T		U. Spit	k, MD.		CIATE MEDICAL E	XAMINER			8/17/71
24A. BURIAL CREA	MATION, 1248 DATE	2	4C. NAME of CEMETERY	or CREMATO	RY 24D. 1	LOCATION	(City, taw	n, or caunty	(State)
Burial 25A. DATE REC'D	8-21-	7] 258, NAM	New Cathedral	Cem .	UNERAL DIRECTO	Baltim	ore, Ma	cyland	
			aber M.D.				ips 172	7 N M	onroe Stree
/S 151-REV. 1/1/68		1.2					.,		0111 OC 0 01 CC



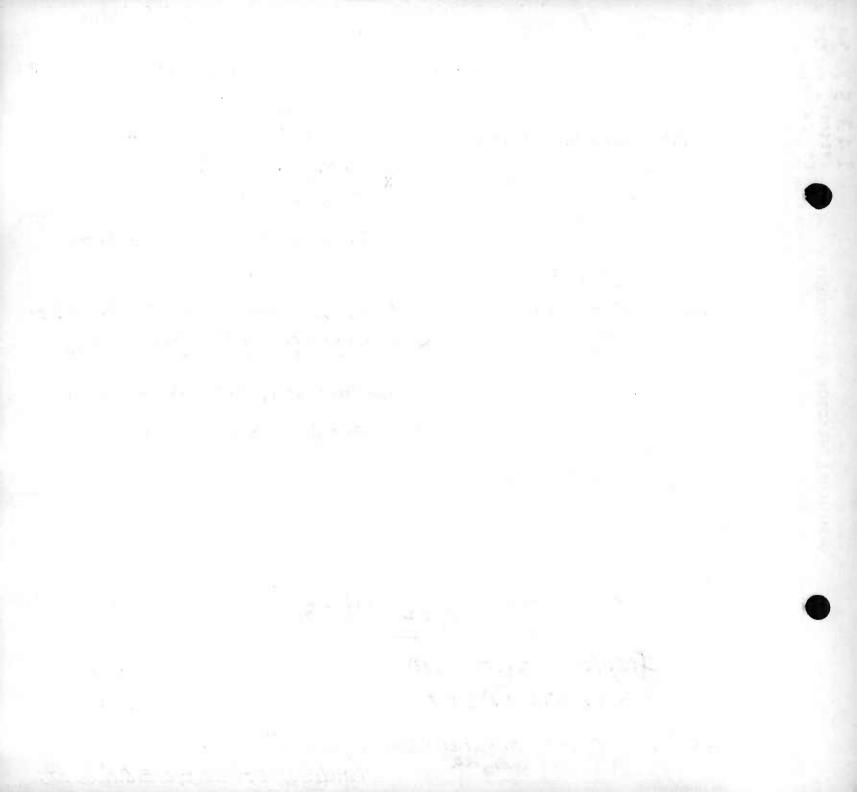


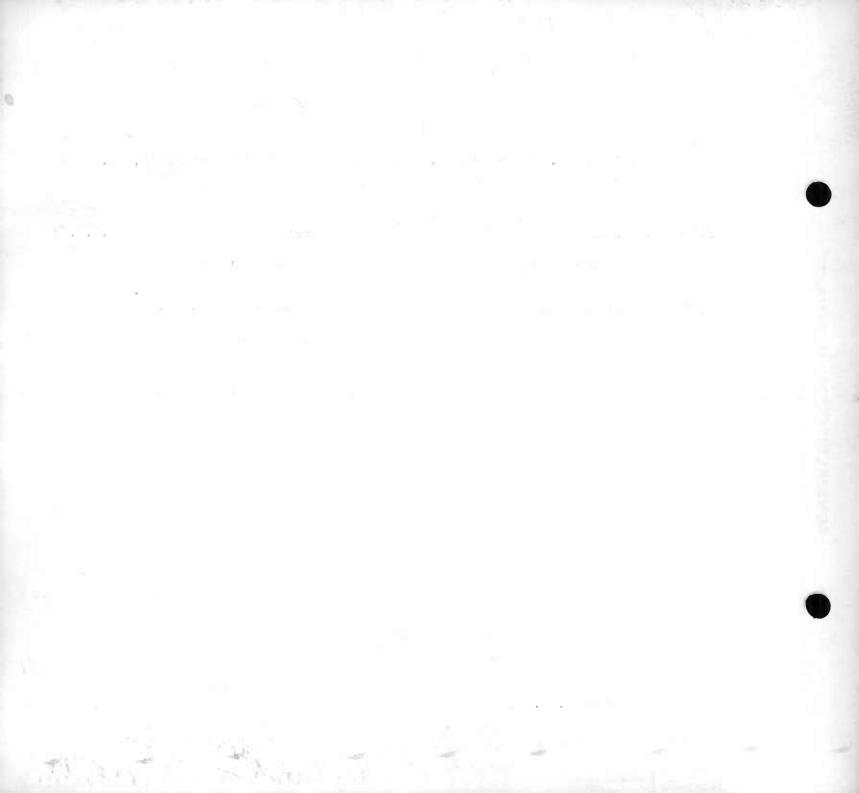
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Ві	RTH NO.	8018	MED	ICAL	EX	AMINER'S	CE	RTIFI	CATE	OF	DEAT	H REG. NO.	1 8	3018	
Ţ.	NAME OF DE	CEASED		J.			2.	DATE	Known		Manth	Day	Year	Hour	
(IV	pe ar Print)		Cecelia	Wal	sch			OF DEATH	Estimoted		8	24	71	7:40	A
4.	PLACE IN BA	TIMORE, MA	ARYLAND, W	HERE PR	ONO	UNCED DEAD	3.				Month	Day	Yeor		
HC	ILL NAME OF OSPITAL R INSTITUTION	(IF NO	T IN HOSPITA	L OR INST	OITUTIO	N, GIVE STREET			JNCED DEA		8	24	71	7:40	M.
1	00	4542	Keswick	Road	d			STATE	Maryla:		deceased li	ived. If Institution: B. COUNTY	residence	before ad	mission)
6.	SEX	7. RACE		8. MARR	IED DO	NEVER MARRIED] c.	CITY OR	TOWN			D. INSIDE CIT	Y LIMITS	?	-
F	emale	Wh.	ite	WIDOW	/ED	DIVORCED [Baltime	ore		VE	s k	No 🗆	
	DATE OF BIRT		10. AGE (In	yeors	If Und	er 1 Yr. II Under 24 Hr	. E.	STREET	ND NUMB						
8	3/27/19	28	losi birthdoy	"	Monin	Doys Hours Mir	•		4542 K	eswi	ck Ro	ad			
	BIRTHPLACE (The same		12. CI	TIZEN OF	13	. FATHER							
	Balti	more.	Md.		W	HAT COUNTRY?		0		т					
144				4B. KIND	OF BL	U.S.A.	RY 15	MOTHE	rge P	NAA	onnsi	ton			
don			en ifretired)		0	JSINESS OR INDUST									
1A	Housew		IIS APMED	EOPCES		7. SOCIAL	18	Mar . INFOR	y Wri	gnt	,	4.0	DRESS		
(Ye	WAS DECEAS	(if yes, give v	vor or dotes	of service)		SECURITY NO	- 1								
_	No					213-26-582		Will	iam R	• W	alsch	n (S	ame)		
	19.	870	1			CAUSE OF DE	ATH							APPROXIMATI	T AND DEATH
	DISEAS	E OR COND	ITION DIREC	TLY											
		LEADING TO	DEATH			(A)IMMEDIATE	CAU	SE Sub	dural 1	nema	atoma				
	(This does n	ol meon the	mode of dyl	ng, e.g.,		DUE TO, OF	AS A	CONSEQ	UENCE OF:		***************************************				
	injury or cor	nplication which	ch coused de o	th.)											
		NITE CED EAST											250		
	DISEASES	NTECEDENT OR CONDITIE	ONS IE ANY	GIVING		(B) DUE TO, O	RAS	A CONSE	LIENCE OF						
	RISE TO TH	E ABOVE CA	USE (A) STAT	ING THE		002 10, 0		~ ~~	TOLINCE OF.						
Z	UNDERLYII	NG CONDITI	ON LAST.			(c)									
은			11												
δ	OTHER SIGN	LIFICANT CON ATH BUT NOT	PELATED TO	NTRIBUT	ING										
ERTIFICATION	DISEASE OF	CONDITION	GIVEN IN PA	RT 1 (A).		************									
ER	20A. DATE OF	POPERATION	1 208. CON	NOITIDI	FOR W	HICH OPERATION V	VAS	PERFORM	ED				21. AUT	OPSY? (Ye	s ar No)
O	2													Yes	
₹	22A. EXTER	NAL CAUSE		1	22B. PL	ACE OF INJURY (e.g	" in c	or obout 2	2C. WHERE	DID (If in Baltimo	re City, give exoc	t lacation)	
MEDICA	UNDERLYING				home, f		ice bl	dg., etc.) II					714		
ME	UTING L CA		oy) (Yeor) (Hour	1 22F	Home .	15	2	4542 K						
	OF INJURY (APPROX.)			(11001		ILE AT - NO	T WH						- 6	1 1	
	23.	8	24 71		m. WC	ORK AT	WOR		resuma	рту	susta	ined in	a ra.	11	
		the short I h.	ald an I-		7 ,										
		Ify that I h						sy 🔯				death in my d	_		
	resul	ted from N	otural cous	ses 🔲	Acc	Ident Suici	ide L	Ho	micide 🔲	ſ	Indetermi	ned manner	_		
	ACTUAL	11//	10 110	/ (/) D	epu	ity (HIEF MEDI	CAL EX	XAMINER	K)		DATE CI	CALED
	SIGNAT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SVYS	VA	VI	O	D.	ASSI	TANT MEDI	CAL EX	KAMINER		ALL	DATE SI	
	EXAMIN	ER'S	7		1	7	٠.	ASSO	CIATE MEDI	CAL F	CAMINER		8	3-24-7	1
	NAME (1		Werne	r U.		tz, M.D.									
	A. BURIAL CREA		48. DATE			NAME of CEMETER	or	CREMATO	RY	24D. L	OCATION	(City, Iown,	or county	y) (S	itote)
	Burial	8	3/28/7	רי	(Granite Pi	200	shart		01	d Cor	urt Rd,	Gran	ita	Md.
25	A. DATE REC'D	BY HEALTH		258. N		F REGISTRAR	. 0 .		UNERAL DI						
		AUG 2	5 1971			E. Farber M.	D .		W.Jen		s & S	Sons Co	. 49	05 Y	ork R
-			O WIT	0000	، س		· 10					Md.			1071
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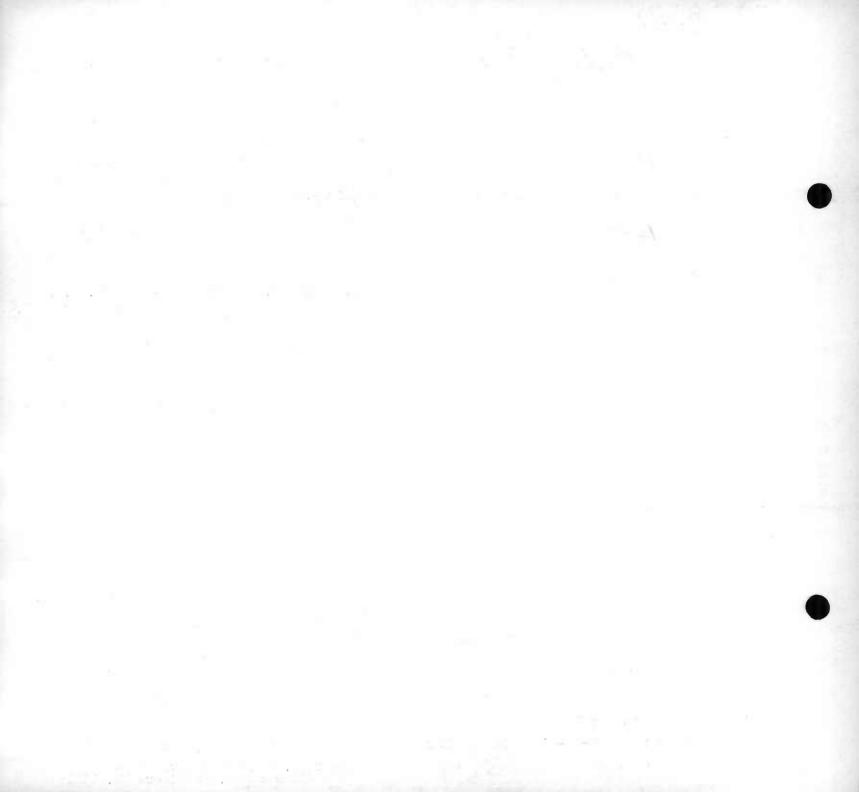






DIRECTOR:

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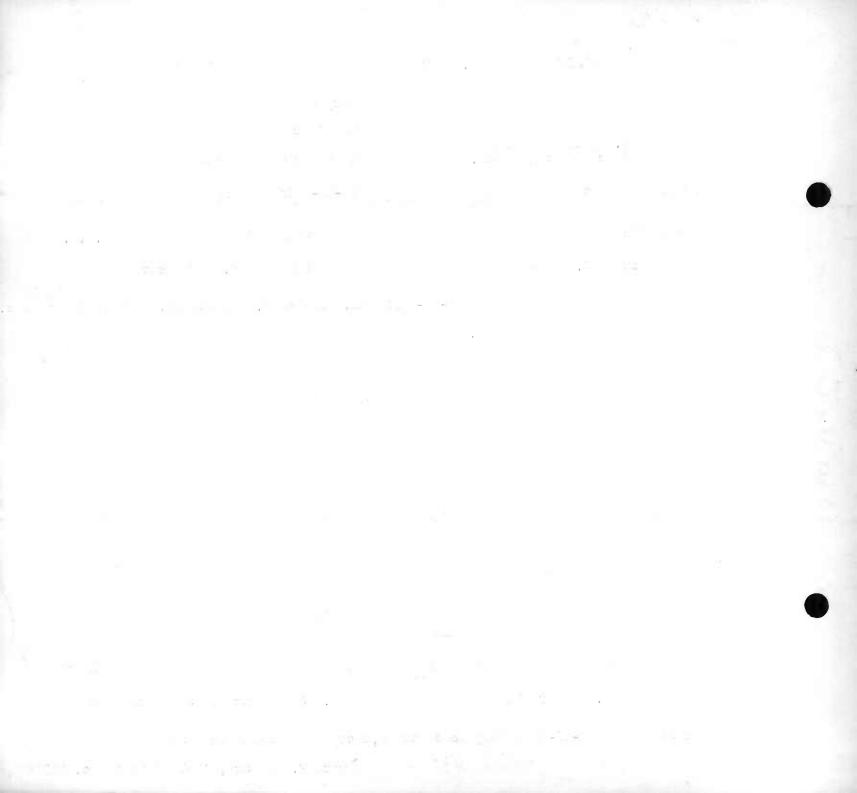
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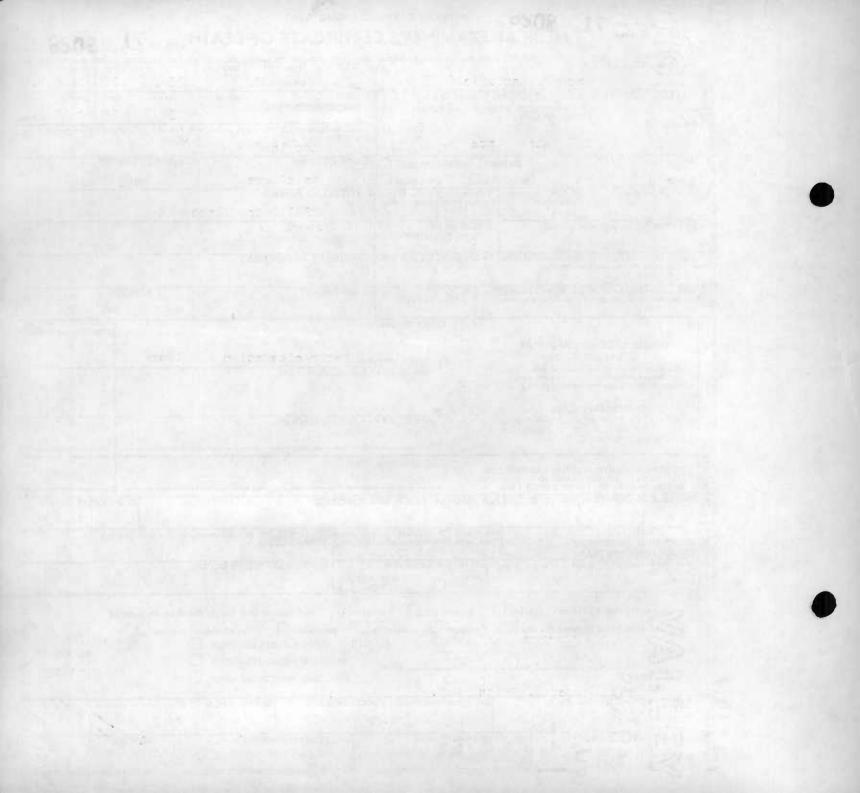
501 W. UNIV. PKWY

FUNERAL DIRECTOR:

2 24	/		BALTIMORE CITY	HEALTH DEPARTMENT		214 0005	
BIRTH NO	6	ลา25	CERTIFICA	TE OF DEATH	REG. NO	71 8025	
I. NAME OF DEC	EASED	MAG		1 4			
(Type or Print)	CLARE		S. BATZER		AND HOUR OF DEAT		
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE BROWN			igust 21, 1	9/1	M.
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITI		Maryland	UNIX	Institution; residence before or	imission)
NOITUTITAN				Baltimore		YES NO	
70	St. Agnes Hos Wilkens & Cat	on Aves	-	3673 McTavis			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months! Doys Hours	24 Hrs. Min.
Female	White	WIDOWED		10-25-1915	lost bitthdoyl	7.00013	1411114
IOA. USUAL OCCL	PATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRE	11. BIRTHPLA CE (Stote or I	oreign country)	12. CITIZEN OF WHAT C	OUNTRT?
done during most of v	vorking life, even it relized)						
Housewi				Maryla Maryla	nd	U.S.A.	
13. FATHER'S NAM	AE			14. MOTHER'S MAIDEN N	IAME		
	rry J. She			Margare	et G. Spo	orer	
Yes, no of unknown)	Ever in U. S. Armed Forc	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2	1229
No			215-03-4132	Mr. Charles I	Batzer, Ji	r. 3717 Mc Tavis	
18. 4	7 7 1		CAUSE OF DEATH		,	APPROXIMATE IN	TERVAL
DISEAS	E OR CONDITION DIR	ECTI V			1	BETWEEN ONSET AN	ID DEATH
	LEADING TO DEATH	LCILI		W	1 10/ 6	4 6 100	
(This does no	ot mean the mode of	dvina. e.a	(A) IMMEDIATE CAU		200 4726/L	211 0 114	2.4
hearl failure,	aslhenia, elc. Il means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	' //		
injury or com	plication which caused	death.)	no 1	-1 11	0		
A	NTECEDENT CAUSES		(847)	11/1 // 1)	1	
DISEASES O	R CONDITIONS, if a	ny, giving	(B) OR AS	A CONSEQUENCE OF:	<u>/</u>		
rise to the	above cause (A)	Slaling the	טטב וסן טא אס	A CONSEQUENCE OF.			
UNDERLYING	CONDITION last.		(c)				
	11						
OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING					
TO THE DEATH	BUT NOT RELATED TO TH	E TERMINAL	***************************************				
19A. DATE OF	ONDITION GIVEN IN PART	I (A).	HICH OPERATION	20A AUTOREV2 (Voc. or	Noll 208 IE was Mans	- Charles Coastarate	
O THE SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. A CCIDEN	WAS PERFO	DRMED	MICH OFERMION	ZUNAUTOPSTITIES OF	IN CERTIFYING CA	FINDINGS CONSIDERED	
	T WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltime	pre City, give exact location)	
DEATH (natify	MNG CAUSE OF	hame etc.)	form, factory, street, all	ice bldg., INJURY OCCUR?	pr in commit	ore only, give exact locollon,	
0							
	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)		Whil Wark	e At Not While				
00 1 14			- AT WORK			/	0
	that (1) (this haspital)		e deceased from	71)	_19 <u>7/</u> _ta	8/2/ 19	
that (1) (we)	last saw the deceased	alive an	7/30	19_7/and	that In(mv) (aur) an	Inlon death occurred an t	he date
				ew the bady after death		amon death occorred on t	He dule
23A. SIGNATUR	it din the couses state	d dbave. (1)	(we) (and nat) vi	ew the bady after death	le		
232.310.17.10.1	01.0	1	1 115	. /	111	23B DATE SIGNED	
1 0,	alvellad	13/100	M 1 Affer Phys.	ding Med.	Staff Phys.	8/23/91	1
23C. PHTSICIAN	rs	C BN WY	ARE SKEE	3D. ADDRESS	111/21	12/1/	
NAME (Ty	C. Edwar	d Leach			Charact Dol.		
44 - 54 - 54 - 54 - 54 - 54			DEGREE		street, Balt	imore, Maryland	L
REMOVAL (S	ATION, 248, DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county! (Stote)
Burial	8-25-1	971 Hol	y Redeemer Ce	metery Ba	ltimore, Mar	vland	
SA. DATE REC'D	BY HEALTH DEPT.	SE NAME OF		25C. FUNERAL DIRECTO		ADDRESS	
AUG 25		E. Jabe			**	Wilkens Ave. 21	220
.144 N				Trongera II. In	Poard, 410/	MITKELIS AVE. ZI	.449
S 150-REV. 1/1/6	8				3		



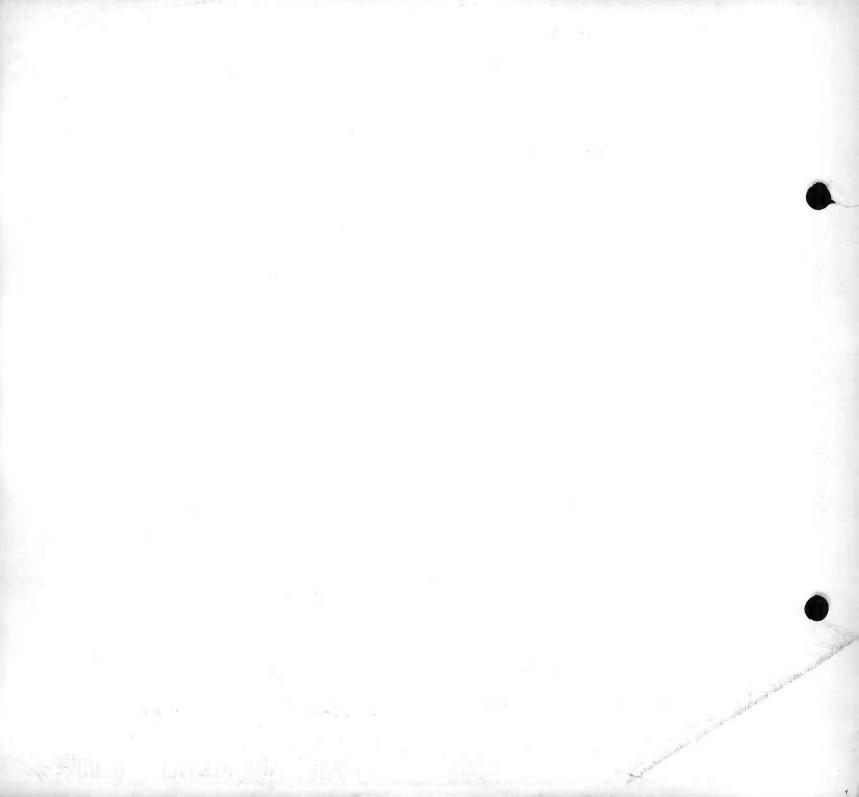
NAME OF DECE				2. DATE OF	Known 2	Month	Doy	Yea	
DIAGE IN BANK	Mary M.			DEATH	Estimated [3 8	23	7:	2:10 P.
ULL NAME OF	(IF NOT IN HOSPI		TITUTION, GIVE STREET	3. DATE	UNCED DEAD	Month	Day	Yea	
OSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	monon, offe sikeet			8	23	7:	
00	2327 Eut	aw P	lace	A. STATE			B. COUNT	utian; residen IY	ce belore admission
. SEX 12	7. RACE		RIED NEVER MARRIED	I C. CITY OR	Maryland	1	ID MICID	E CITY LIMIT	100
Female	Nooro	WIDOV	_		Baltimo		D. 1143101		
DATE OF BIRTH	Negro	n years	If Under 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER	.е	1	YES 🗵	NO L
	lost birthde	oy)	Months Days Hours Min.		2327 Eut	or Dia			
. BIRTHPLACE (Sto	ote or loreign country)		12. CITIZEN OF	13. FATHER		aw Fla	ce		
MORTH	CAROLINA		WHAT COUNTRY?			RTFIE	TD		
A.USUAL OCCUPA	ATION (Give kind of work	148. KINE	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME	עיד		
LINEMPT.O	rking lile, even it retired)					ATT			
WAS DECEASED	EVER IN U.S. ARME	D FORCE:		IS. INFORM		WILL		ADDRESS	
es, no or unknown) (l	f yes, give war ar dates	of service	SECURITY NO.	MR J	AMES CA	SH. 8	13 Mt	Holly	St
19.	0.7		CAUSE OF DEA		MIND ON	DII, O	1) 110		APPROXIMATE INTERV
(This does not heart latiture, a injury or camp DISEASES OF RISE TO THE A INDEPLYMENT	EADING TO DEATH meon the made of dissiblenta, etc. It means th litection which caused de ECEDENT CAUSES R CONDITIONS, IF AN ABOYE CAUSE (A) SIA G CONDITION LAST.	e disease, oth.)	(B) DUE TO, OR	CAUSE FAT	UENCE OF:	ation o	or live	r	
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AUG 26'

Such

1-130	BALTIMORE CITY	HEALTH DEPARTMENT		I'll aport
віятн No. 71 8027.	CERTIFICA	TE OF DEATH	REG. NO	71 8027.
1. NAME OF DECEASED	2 . (2. DATE A	NO HOUR OF DEATH	
MERVIN E. F.	ARTHIE	8/	7/71	10 %
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	DUNCED DEAD	4. USUAL RESIDENCE (Who	N IY	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	MARYLAND		1205
BOLTON HILL NURS		C. CITY OR TOWN BALTIMOR	D. INSI	DE CITY LIMITS?
1400 JOHN ST.	my mome	E. STREET AND NUMBER		YES NO
7900 3077 37.		1223 57.	PAUL S.	7
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His
make white widower		10-3-13	last birthdoyl 58 425	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTR
		PENNA.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
UNKNOWN		UNKNOU) ()	
5. Was Deceased Ever In U. S. Armed Ferces? Yes, no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
UNKNOWN	UNKNOWN	Admission	Recone	
18.	CAUSE OF DEAT		110 Cente	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE obstitue a	long due	neers
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or camplication which caused death.) ANTECEDENT CAUSES		1		
	(B) CON	polome		nus
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c) cone	m		years
Z OTHER SIGNIFICANT CONTRIBUTIONS	•			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	<u> </u>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A- AUTOPSY? (Yes or No	DI 208, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED	£ #		IN CERTIFYING CAU	ISES OF DEATH?
OR CONTRIBUTING TICALISE OF	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
DEATH (notify medical examiner))			
= IOF INJURY	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	hile At Not While			1
22. I certify that (1) (this hospital) attended t	the deceased from	7/28	19. 7%	8/7 10 7/
that (1) (we) last saw the deceased alive on	8/7	19 7/ and th	at In (my) (our) opin	ion death occurred on the dat
and hour and from the causes stated abave. (I) (We) (did) (did nat) v			
23A. SIGNATURE				23 B. DATE SIGNED
March	DEGREE Phys	ding Med.	Staff Phys.	0/19/71
23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		0/4//
ALLAN A. MAR	CHT MI	1 Transcho	Ton me	STAN NOVING
44. BURIAL CREMATION, 248. DATE 24C. N	AME of CEMETERY of CRE	AATOM I DITT I 248. V	SEATION (CIT)	Nown, or county) (State)
8=24-71	w _e	UNIVEDCITY	MEDICAL	SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C FUNE ALLEGE GTOR	HILDIOAL I	ADDRESS
AUG 26 1971 Robert E. Jabe		MUKIUAK	X SERVICE	- BEHIDY 7-71



DIRECTOR:

FUNERAL

of Address are to take My the second to . 5. 16 THE RESIDENCE STREET Latter time of a Marie Strate Strate the second of th The state of the Control of the Cont 100 T | 28 m / EDWA 1787 F

DIRECTOR:

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25C. FUNERAL DIRECTOR

ADDRESS

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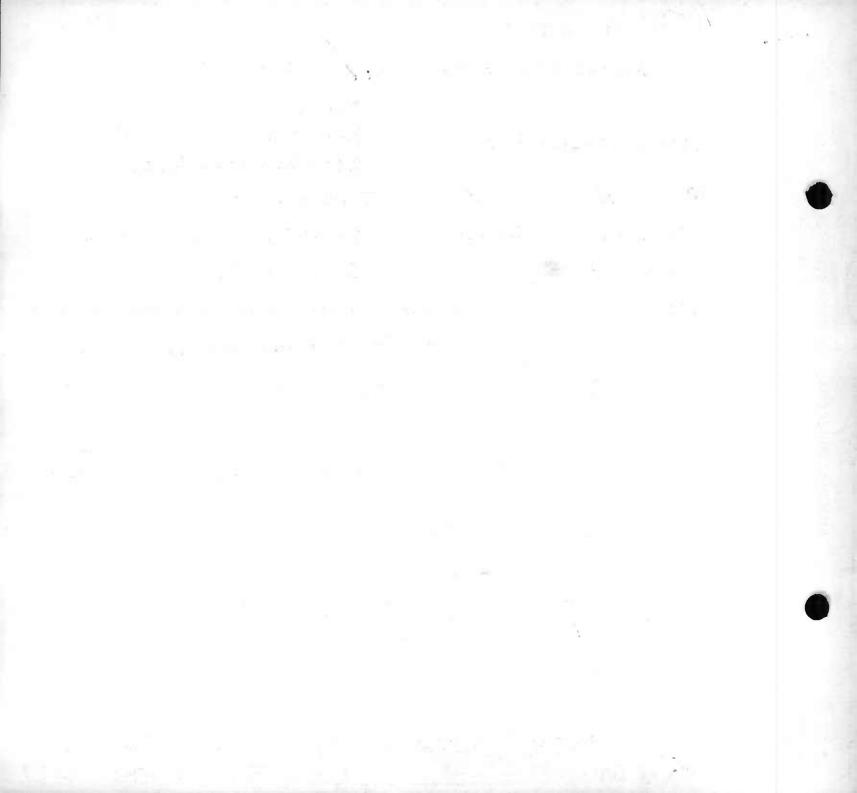
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

43/ 11/3 U.S.A. HINES HERVEY 15 10 BOLINSCHARS Florence France ton SHIMMOG שונים - 2690 (בתפבונה ה לבתונה מקלמה בוכן שיר א בו ו 01/8 min san with your topulate a la War Retriendly - Marting a con

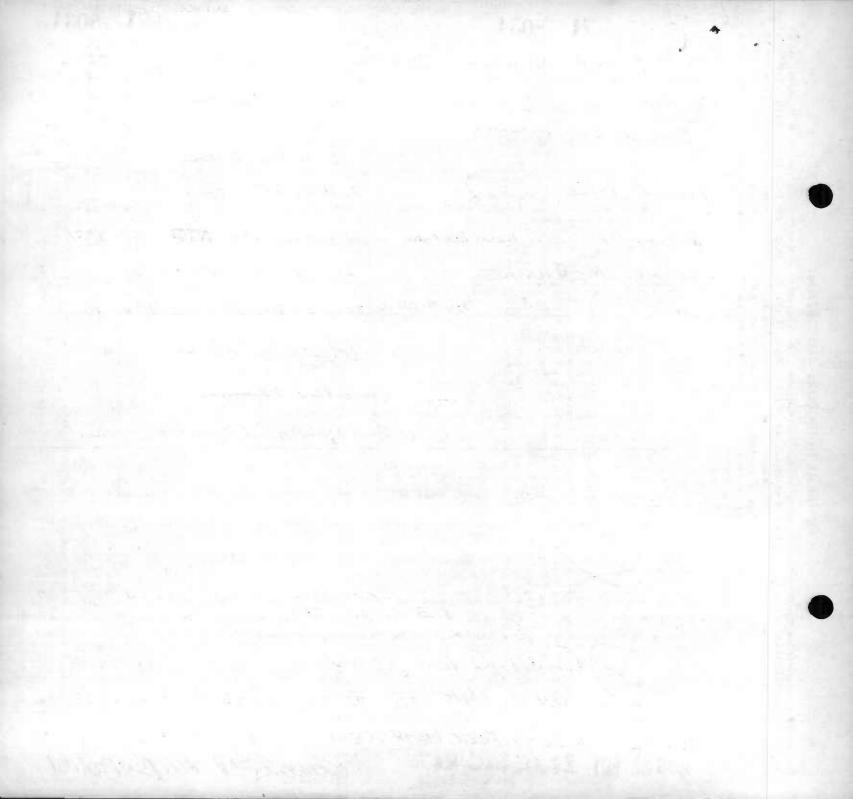
1/ 11	BALTHAODE CITY	/ AIE A 1 711 DED A DY		
K-520 74 9022		TE OF DEATH	REG. NO.71	8032
BIRTH NO. / L 8USC	CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED		2. DATE ANI	D HOUR OF DEATH	
WINCHESTER	KNOX	1000	22-1971	1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD			itution: residence before admission
The state of the s	DING GIT DEAD	A. STATE B. COUNT	TY	nonen. residence beidre domissioni
FULL NAME OF UF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Mexican		2733
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D INSID	E CITY LIMITS?
		11 11	1	
2904 SOUTHERN AL) F	E. STREET AND NUMBER		YES NO .
00				
00		2904 2007	HERN AU	2.
5. SEX 6. RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M \\/ wipov	WED DIVORCED			Monins Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (State or foreign	92	la citivity of water control
done during most of working life, even if retired)		The practice of lotting	in coonny)	12. CITIZEN OF WHAT COUNTRY
SALESMAN. F	SSKAY	BALTO MAR	CCAALY	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	U.3.M.
11				
CHARLES H. =		SUSAN R.	EDDMAL	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yas, give war ar datas of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
A Survey of Authornia Ans and Author at aging of selvi	0100			
100	217-03-1094	RUTH KNO	× 29045	OUTHERN. AUE
18.4/2/1/85)	CAUSE OF DEATE	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	ci pi st	000		BETWEEN ONSET AND DEATH
LEADING TO DEATH		Pulmonary C	Redunde	1 2000
(This does not mean the mode of dying,	e.g., DUE TO OP AS	A CONSEQUENCE OF:		3 years
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,			
	arter	ioscurous e	ardio-	3 corpers
ANTECEDENT CAUSES	(B) regs	cular Acrea	u	0
DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:	***************	*********
rise to the above cause (A) stating	the			
UNDERLYING CONDITION lost.	(c)		***************	
		_		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG CARE	ionia of Pre	attest.	8-21
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	ona of	, was	o gracis.
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	20R IS VEC WERE SIN	IDINGS CONSIDERED
WAS PERFORMED		200	IN CERTIFYING CAUS	ES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A.DATE OF OPERATION 179E. CONDITION F. WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	21 0 01 4 02 02 111111111111111111111111	100		
OR CONTRIBUTION OF CALLES	21 B. PLACE OF INJURY (e.g., ir hame, form, factory, street, all	fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
DEATH (notify medical examined	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	BY OCCILE?	
2 Or Mark	While At Not While		NI OCCUR!	
(APPROX)	Wark At Wark			
22. I certify that (I) (th is hospital) attende	d the decreed from 74	KA 241 7 30	(a) . Paran	11 20 11 11 11 11 11 11 11 11 11 11 11 11 11
		France .	6) 10 Carry	19
that (1) (we) lost saw the deceased alive	on augus VI	19and that	t in(my) (mr) apinio	on death accurred on the date
and haur and from the couses stated obove	e. (1) (We) (did) (dtd-met) vi	lew the body after death		
23A. SIGNATURE		/ / / / / / / / / / / / / / / / / / / /	la la	3B. DATE SIGNED
M/2/10 000 1000 100	M. D AHO	nding Med. S		2/
- V Herry I	DEGREE Phys.	Director P	hoff hys.	0/29/1/
23 C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
G. J. SAWYERYIN	MID	4202 Hus	Lord Rd.	- Benet Toul
MA BURIAL CREATERING TO THE STATE OF THE STA	OEGREE!	7000-100	7)	- viereo mo
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
Bushin Qlaston T	Donner il.	· (+ » +	A	Λ
25A, DATE REC'D BY HEALTH DEPT. 125B, NAM	100 7 1 - 111	L CEM C	m2010.	MARYLAND
	AE OF REGISTRAN	25C. FUNERAL DIRECTOR	0.11	ADDRESS
AUG ZO NIT VGBE, E, VS	Liber, M.D.	a lassa ant	seneral Home	7401 Below Pd.
V\$ 150-REV. 1/1/68				



P 0/2 71 8033 BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH X REG. NO. 171 8033	
I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH	
1 1 1230 1 1 1230	4-M.
3. PLACE IN SALTIMORE, MANYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admit A, STATE B, COUNTY	s sion)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) G. CITY OR TOWN D. INSIDE CITY LIMITS?	0
Bellianne YES NOT	
5 Ch hard home + Hosp. E. STREET AND NUMBER 101 W. Ober lea toe. 21206	9
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yours II Under 1 Ye., II Under 2	4 Hrs.
male white WIDOWED DIVORCED 5/25/92 79	
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even # refired)	INTRY?
Red Prate tout USA	
13. FATHER'S NAME	
Thling Regnard Plizaleth Herrman	
15. Ves Decesed Ever la U. S. Armel Ferces? (You be or unknown) (If yes, give war of dates of service) ADDRESS SECURITY NO.	
2 13145256 12at's 408h. Clark	
18. 4 APPROXIMATE INTER	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) DUE TO, OR AS A CONSEQUENCE OF:	-Un-
heart failure, aethenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES on luyer for Sign 60 420	rs
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:	ada T
ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WITH DEATH BUT NOT RELATED TO THE TERMINAL WITH BUT NOT RELATED TO THE TE	2
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OFERATION WAS PERFORMED 19B-CONDITION FOR WHICH OFERATION WAS PERFORMED 19B-CONDITION FOR WHICH OFERATION WAS PERFORMED 121B-PLACE OF INJURY 10-50- In or obout 21C WHERE DID (II In Boltmore City, give exect locotion)	
21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obovi 21C. WHERE DID home, farm, factory, street, office bidge, INJURY OCCUR? etc.) 11 In Boltimore City, give exact location 12 In Boltimore City, give exact location 13 In Boltimore City, give exact location 14 In Boltimore City, give exact location 15	
Q 21D-YIME (Month) (Dov) (Year) (Hour 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR	
OF INJURY (APPROX.) While At Not While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from \$\frac{1}{2}\] 19 \tag{19} \tag{10} \tag{19}	7/
that (1) (we) last sow the deceased alive on 8/24 19 7/ and that in (my) (our) opinion death occurred on the	e dote
and hour and from the causes stated above. (1) (We) (did not) view the body after death.	
23A. SIGNATURE. 23B. DATE SIGNED (2) / 1	
Will Will Decree Phys. Director L. Director L. Phys. Let 8/27/11	
23C. PHYSICIAN'S NAME Typel	
DICTRICH V. + ELDMANN HDORE (HURCH HOME HOSP	
REMOVAL (Specify)	otel
BURIAL 8-26-71 PARKWOOD CEM. PARKVILLE MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 259. FUNERAL DIRECTOR ADDRESS	>
AUG 26 1877 Robert E. Jaben 40, 1259, FUNERAL DIRECTOR ADDRESS AUG 26 1877 Robert E. Jaben 40, 1259, FUNERAL DIRECTOR June 7401 Balan R	d.
VS 150-REV. 1/1/68	

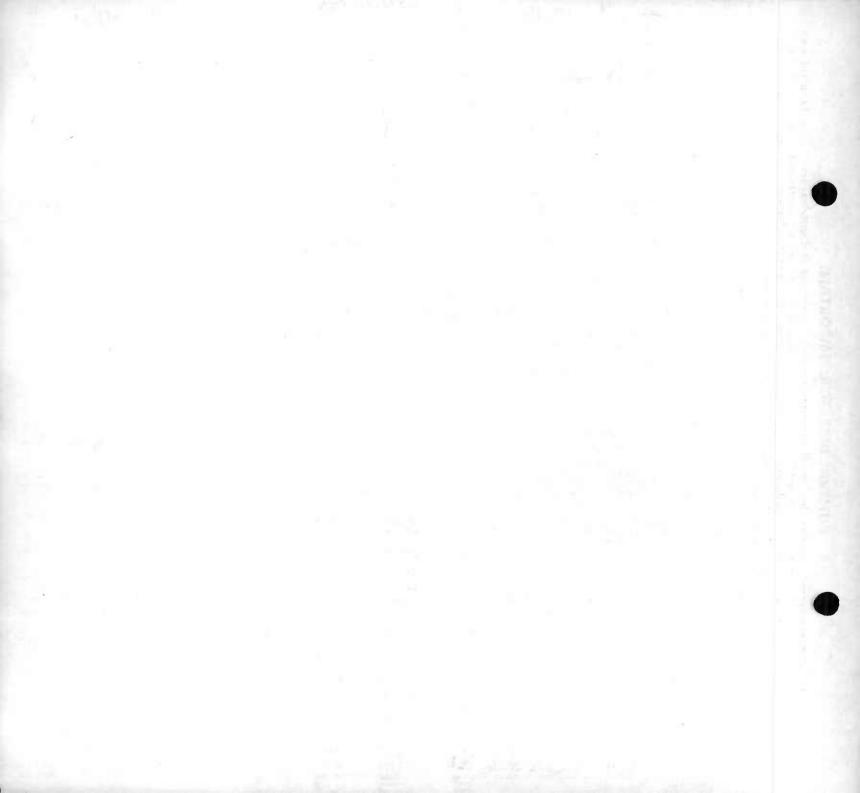


BIRTH NO. 1. NAME OF DECEASED (Type or Print) FLORA ALMIRA Dohler 24 aug 71 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 1. NAME OF DECEASED (Where deceased lived, If institutions of the county of the	3 50 A residence befare admission
INAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN Our lea E. STREET AND NUMBER	3 50 A residence befare odmission
Type or Print) FLORA ALMIRA DOGICE 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION GOULDS CONVULCIACIUM E. STREET AND NUMBER	3 50 A residence befare odmissian
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION A. STATE B. COUNTY M. BALTIMOR C. CITY OR TOWN O WER LEA YES E. STREET AND NUMBER	residence befare odmissia
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HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Derlea YES E. STREET AND NUMBER	
Goulds Convularacium O vertea YES E. STREET AND NUMBER	LIMITS?
E. STREET AND NUMBER	NOF
2111 2 21 6 4	
214 DALE TUE	
S. SEX 6. RACE 7. MARRIED 7 NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Und	er 1 Yr. , If Under 24 Hr
Female White WIDOWED DIVORCED 20 MAR 1887 lost birthdays WIDOWED DIVORCED 20 MAR 1887 lost birthdays	Doys Haurs Min.
Wester C.	ZEN OF WHAT COUNT
done during most af warking life, even if retired)	The state of the s
HOUSEWIFE HOME KEEPING BALTIMORE CITY, MEDI	USA.
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
-11 of 11 January 1 months	
THOMAS M. JAMART LOUISE L- WILHELM 5. Was Deceased Ever in U. S. Armed Foices? 16. SOCIAL 17. INFORMANT BALTIMORE 17. INFORMANT TRANSPER	ADDRESS MD
Tes, no or direction of the services of se	PA P
NO DIGHT-7558 D RUTH E. DAHLER. 314 DAL	E AVE 21701
18.2 / CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	01
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE (A)	under.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or camplication which caused death.)	
ANTECEDENT CAUSES Vay dular Place	
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the	1- 6
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) WITH old; and recent Myocorcleol Dry	ulla, Tomuna
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
₹ TO THE DEATH BUT NOT RELATED TO THE TERMINAL ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	S CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDING. IN CERTIFYING CAUSES OF	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY!(e.g., in or obout 21C. WHERE DID (If in Boltimore City, gi	ve exoct locotion)
▼ DEATH (notify medical examiner) etc.)	
D 21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
S OF INJURY	
(APPROX.) Wgrk At Work	
22. I certify that (1) (this haspital) attended the deceased from Woolington 1970 to 8-24	197/
that (1) (set) last saw the deceased alive on 8-25 (115 pm) 19 7 ond that in (my) (set) apinion dec	
	and decorred on the o
and haur and from the causes stated obave. (1) (We) (did) (d	
	TE SIGNED
Attending Med. Stoff Director Phys.	24-71
23C. PHYSICIAN'S / (23D. ADDRESS	
NAME Mype) a DHN C. Hyle MD 2007 Bolow Dow Bultimor	22/236 Mel
TOTAL INDIVIDUAL REST TOTAL	212700.00
/ '/ DEGREE	ar caunty) (State)
REMOVAL (Specify)	
REMOVAL (Specify)	
REMOVAL (Specify)	ADDRESS
BURIAL 8-26-71 FORK METH CEM!, FORK MO.	Pagad



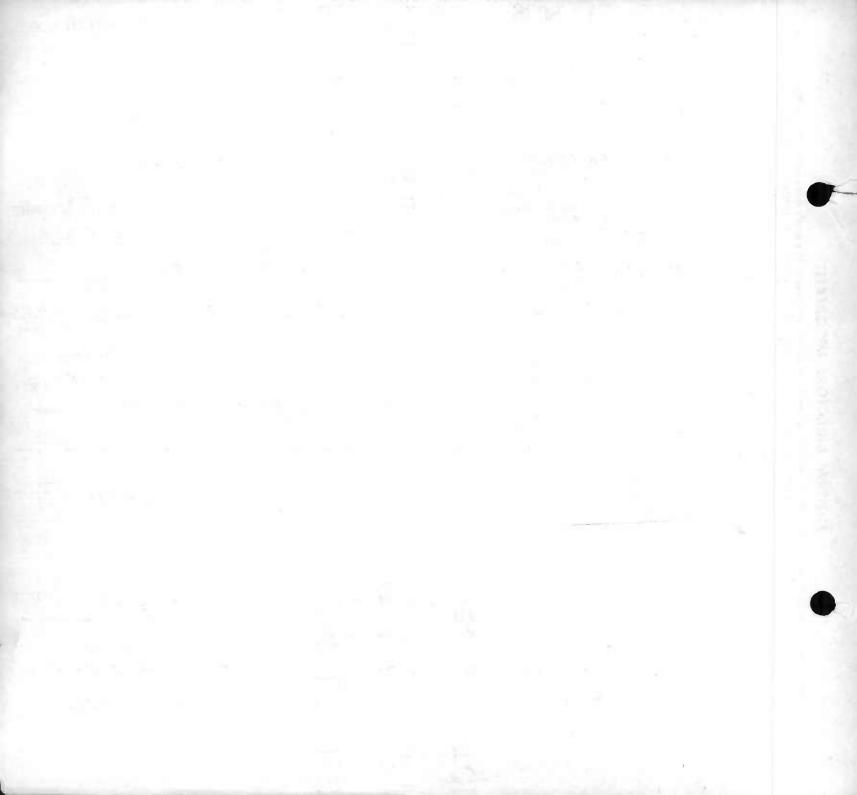
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

71 8035 BALTIMORE CITY HEALTH DEPARTMENT 71 8035
CERTIFICATE OF DEATH
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Typo or Print) BABY ROY COVINGTON 12 aug 7/3 3 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LUSUAL RESIDENCE (Where deceased lived, II institution: residence before edmission and statement of the
HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
1 1 2 Lakende Au VEST) NO [
+ Won Memorial Hospital E. STREET AND NUMBER Labende Fre
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lif Under 1 Ye. If Under 24 Hi
WIDOWED DIVORCED 12 Hug 71
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNT done during most of working life, even Westined)
13. FATHER'S MAIDEN NAME
Month Leloungton Lelou Veoma Thomas
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 16. SOCIAL/ SECURITY NO.
118. APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE
This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,
injury or complication which coused death.)
ANTECEDENT CAUSES (B)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. Other significant conditions contributing
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. (C) Other significant conditions Contributing to the death but not related to the terminal disease or condition given in Part 1 (A). 19A.Date of operation 19B. Condition for which operation was performed 19B. Condition for which operation 19A.Date of operation 19B. Condition for which operation 19B. Conditio
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving dise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSYS (Ves. of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID 10B CONTRIBUTING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 12B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID 10B CONTRIBUTING 10B CONTRIBUTION 10B CONT
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving isse to the above cause (A) stating the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSYS (Yes, or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A-ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (c.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSE OF home, farm, factory, street, office bidg, INJURY OCCURE OF INJURY IMMEDIATE IMMONTH) (Doy) (Year) (Hour) 21E INJURY OCCURED 21E HOW DID INJURY OCCURE
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving sise to the above cause (A) stating the UNDERLYING CONDITION lest. (C)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving dise to the above cause (A) staling the UNDERLYING CONDITION less. (C)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYS (Yes. or No.) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFFINO CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 10AUSE OF DEATH? OF CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? While At Work 10AU Work 10AU While Work 10AU While At Work 10AU WOR
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OF OF OPERATION TO THE TERMINAL DISEASE OF DEATH? OF OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONSIDERED IN CERTIFYING CAUSES OF DEATH? OF OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONSIDERED IN CERTIFYING CAUSES OF DEATH? OF OPERATION TO THE DEATH OF THE TERMINAL DISEASE OF DEATH? OF INJURY OCCUR? OF INJURY OCCUR? OF INJURY OCCUR? While At Work At Work TO THE TERMINAL DISEASE OF DEATH? OF INJURY OCCUR? While At Work TO THE DEATH OF THE TERMINAL DISEASE OF DEATH? OF INJURY OCCUR? While At Work TO THE DEATH OF THE TERMINAL DISEASE OF DEATH? OF INJURY OCCUR? OF
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CITY HEALTH DEPARTMENT
ICATE OF DEATH REG. NO. 71 8036 2
2. DATE AND HOUR OF DEATH
0/14/71 13 8
4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission)
A. STATE & COUNTY
MD. BALT CITY LOSA
D. INSIDE CITY LIMITS?
8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
$0 \cup \{2/3/3/3/3\}$
USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
MD. USA
14 MOTHER'S MAIDEN NAME
CLENDA LEB
17. INFORMANT ADDRESS
GIRAION CUALLA CALLA
DEATH SYDNOR 5 203 FRANK
DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
005
ECAUSE PREMATURITY SINCE
BIRTIA
DIKTIA
HYALCUB MEM. DUENSB
HIAL CVB MEM. DIEMSS DR AS A CONSEQUENCE OF:
F24

20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
W SEATTING CAUSES OF DEATH
(e.g., in or obout 21 G/WHERE DID (If in Boltimore City, give exect location)
ad amag sunfidigate addat
D 216 HOW DID INJURY OCCUR?
While
Work -
Auc 13 1921 to Auc 17 1971
ot) view the body ofter death.
23 R, DATE SIGNED
Attending Med. Stoff ACC 19 19 1/
23D. ADDRESS
EGREE VNION MENDRIAL LAOSP
23D. ADDRESS 111/10 a/ ALEA, DELA I JARSO
23D. ADDRESS EGREE VNION MENDKIA L LAOSP CREMATORY 24D. LOCATION (City, town, or county) (Stote)
23D. ADDRESS EGREE VNION MENDRIA L LADSP OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) NERS Office Bolto. Md
23D. ADDRESS EGREE VNION MENDEIAL LAOSP CREMATORY 24D. LOCATION (City, lown, or county) (Stote)



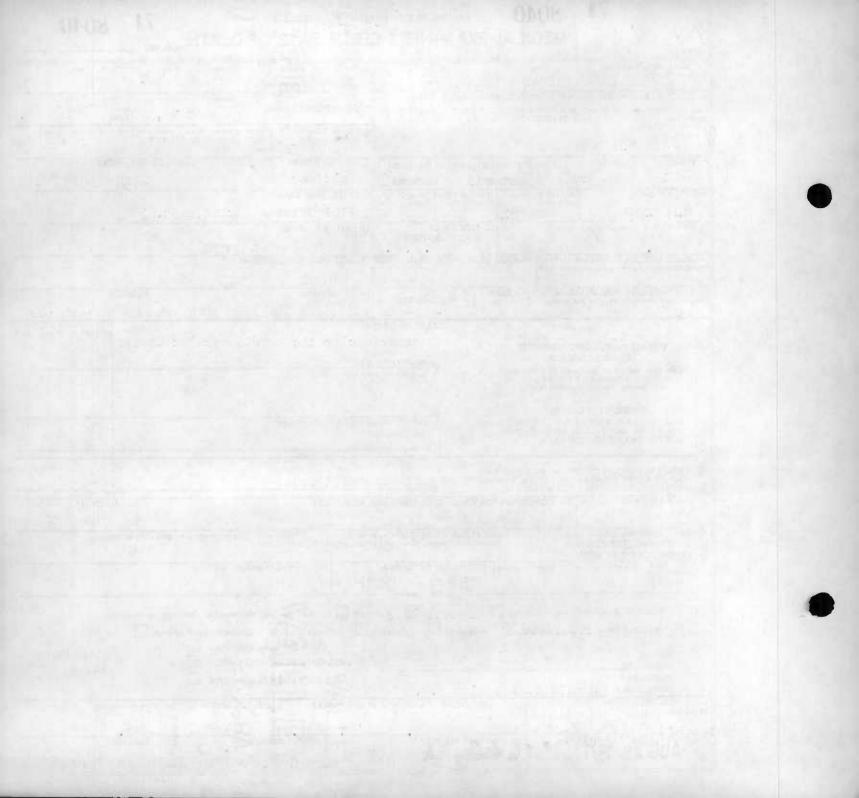
1	Z-162 71 8037	BALTIMORE CITY	HEALTH DEPARTMENT	71	8037				
B	-162 /1 8037, IRTH NO. 71-13512	CERTIFICA	TE OF DEATH	REG. NO.	000				
1.	NAME OF DECEASED EPPERSON BGIRL-	- Inda		D HOUR OF DEATH	17/71				
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution	ant residence before admission)				
i	ULL NAME OF OF ADDRESS OR LOCATION		Maryland c. GIY OR TOWN	D. INSIDE CI					
4	Baltimore City Hospital	Maryland 212	E. STREET AND NUMBER 24-236 Baltins	re Ave	21222				
6	Concasión Widowed	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years If L last birthday) Mon	Inder 1 Yr. If Under 24 Hrs. Hours Min.				
	OA, USUAL OCCUPATION (Give kind at wark 10B, KIND OF ane during mast at warking life, even if retired)	BUSINESS OR INDUSTRY	Da + more, Ma		CITIZEN OF WHAT COUNTRY?				
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .					
	Henry Epperson			Linda Gay Le	ego				
	. Wes Decesed Ever in U. S. Armed Farces? es,na ar unknown! (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS				
-	110		Records: BCH-4940	Eastern Avenu	e 21224				
	18. 7 7 7 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Dra. at 1		nda				
	This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAUS	E Prematurita		to early's				
	hearl failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)	20210,01122	(CONSEQUENCE OF:		0				
1	ANTECEDENT CAUSES								
1	DISEASES OR CONDITIONS, if any, giving	(8)	CONSEQUENCE OF:	****	***				
	rise to the above cause (A) stating the		TOTAL COLOR						
1	UNDERLYING CONDITION last.	(c)							
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
F	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************	~~~~						
SH C	19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes at Na) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?						
ERTIFIC	WAS PERFORMED		YES	OF DEATH?					
CALC	21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF hame, DEATH Inotify medical examiner etc.)	LACE OF INJURY (e.g., in form, factory, street, offi	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Baltimare City,	give exact location)				
	OS MILLIAN	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
2		At Wark	П						
	22. I certify that (1) (this hospital) attended the		e/1	7/ 10	8/17 1071				
	that (1) (we) last saw the deceased alive on 10		7		and an arranged to the state of				
			au the hade often deed	i in find, fant, obinian q	eath accurred on the date				
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE								
#-	Homes Mus My	Affen	ding Med. S	haff B	8/17/1971				
	23C. PHYSICIAN'S NAME (Type) Thomas Hoffman	DEGREE Phys.	D. ADDRESS	·	0/11/12/11				
	Thomas Hoffmar	1	4940 Ea	stern Avenue					
24		DEGREE L	Baltimore, Maryla	nd 21224 CATION (City, town	t, or county 224 (State)				
	Cremated 8-20-1971 Bal	timore City H		Eastern Ave.,					
25.	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF		loco ettives in second						
	AUG 26 1971 Plans & Jakon RD A HOSPITAL DISPUSAL ADDRESS								
I L	16/8/10/1		HONT	FERTIN DECY OF					

JAZ

11/	Y HEALTH DEPARTMENT
BIRTH NO. 71-141/02 8038 CERTIFICA	ATE OF DEATH REG. No. 11 8030 F
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
LEE DARY GIN /	-BETON 8-19-11 330 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE MONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	c. City or low D. Inside City Limits?
BALTIMORE CITYHOSPITA	TE. STREET AND NUMBER
4940 EASTERN AUE 21229	1829 BRUNT ST 21217
5. SEX 6. RACE 7. MARRIED NEVER MARRIE	8-15-1971 lost biffinday Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Lee	Betty Massey
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no at unknown! of yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Records: BCH-4940 Eastern Avenue 21224
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE ANOXIA , HEMOKRHAGE
(A)IMMEDIATE CA (B) IMMEDIATE CA (CA)IMMEDIATE CA (CA)IMMED	A CONSEQUENCE OF:
ANTECEDENT CAUSES PO C.A.	4 A. T. 110, TV
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
nso to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL VICTOR	***************************************
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A- AUTOPSY? (Yes of Not 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR? (If in Boltimare City, give exact location)
21D. TIME (Month! (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Wh	
22. I certify that (I) (this hospital) attended the deceosed from	-15- 19 71 to 8-19- 19 71
and hour and from the causes stated above. (1) (We) (did) (did not)	·
23A. SIGNATURE Grand	23B, DATE SIGNED
DEGREE Ph	0-10-11
23C. PHYSICIAN'S NAME (Type) O. JAMES MD. OEGREE	23D. ADDRESS 4940 Eastern Avenue Baltimore, Maryland ,21224
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CI REMOVAL (Specifyl 8-20-71 Baltimore City	EMATORY 24D. LOCATION (City, town, or county) (Stote)
AUG 26 1971 Robert & Jaber & D.	25C. FUNERAL DIRECTOR ADDRESS A HOSPIBAL DISPOSAL
VS 150-REV, 1/1/68	THE TOTAL PROTOBER

	BALTIMORE CITY	HEALTH DEPARTMENT
	S-650 71 8039 CERTIFICA	TE OF DEATH REG. No. 71 8039
	1.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	MELUIN GRIENA	8-27-71 12:05 Am
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	UNIVERSITY OF MARYLAND HOSP, TAL	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
3	BALTIMORE MARYLAND.	C CYPET AND AUGUSE
ė		2428 FRANCIS ST, BALT MO 2121;
made.		8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. if Under 24 Hrs. Months; Doys Hours; Min.
is n	M WIDOWED DIVORCED	77/7 98 73
n i	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
i tio	LABORER, UNKNOWN.	SOUTH CAPALINA USA.
908		14. MOTHER'S MAIDEN NAME
disposition	OWEXXXXX Ben Green	xxxxxxxxxxxx Lavinia Rich
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
final	UNKNOWN	Chart Witherspoon same
or f	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
- 1	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
E	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUS	CONSEQUENCE OF TESOPHAGES SULY 11
00	heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF: FLOOPHAGUS
embalmed	injury or complication which caused death.) ANTECEDENT CAUSES	
		A CONSEQUENCE OF:
are	nse to the obove cause (A) stoling the	T CONSEQUENCE OF
ins	UNDERLYING CONDITION last. (c)	
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Te l	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).)
before the remains	19A DATE OF OPERATION THE CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9/	E 0-20-11 CA U1- 1-30 Philips -	NO
efo	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, fociory, sireet, offi	or about 21C. WHERE DID (If In Boltimore City, give exact location) ce bidg., INJURY OCCUR?
	0	
ained	S OF INTURY	21F. HOW DID INJURY OCCUR?
ā	Work At Work	
opt	to the transfer of the deceased from	900/ 5 19/1 to 103001 29 19/
pe	that (1) (we) last saw the deceased alive an AUTUST 24	
	and haur and fram the causes stated above. (1) (We) (did) (did not) vi	
must	23A SIGNATURE AMON	ding Med. Staff Dr 238 DATE SIGNED
	DEGREE Phys.	Director L Physr L
approval	NAME (lype)	ENT DEPT' UNIV. OF MO HOLP
dd	JAMES F. STODARD MO OFFICE 24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY OF CREA	
	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (Stote)
ritten		Cem. Baltimore, Ad.
Wri		25C. FUNERAL DIRECTOR V. Bailey
1	AUG 26 1971 Pake AE, Jake MA	OKedson Fill 1328 Calhoun Street

.



VS 150-REV. 1/1/68

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/48

TO ANTHONY OF AN ANTHONY OF A PROPERTY OF

	I.NAME OF DE Type or Print)	Mary Lo	uise Sa	wyer	7	2. DATE AND HOUR	OF DEATH	1/200
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					B. COUNTY	ed lived. If institu	otion: residence befare ad
1	FULL NAME OF	F (IF NOT IN HOS	SPITAL OR INSTIT	TUTION, GIVE STREET	Maryla	and		200
IN	STITUTION	ADDIESS OF E	OCA IIONI		C. CITY OR TOW		1	CITY LIMITS?
LARANADA Nursing Homes				Baltin E. STREET AND		YE	IS NO	
				-	Pulaski	Street		
5	. SEX	6. RACE	7- MARRIED	NEVER MARRIED				Under 1 Yr. Il Under anths Doys Hours
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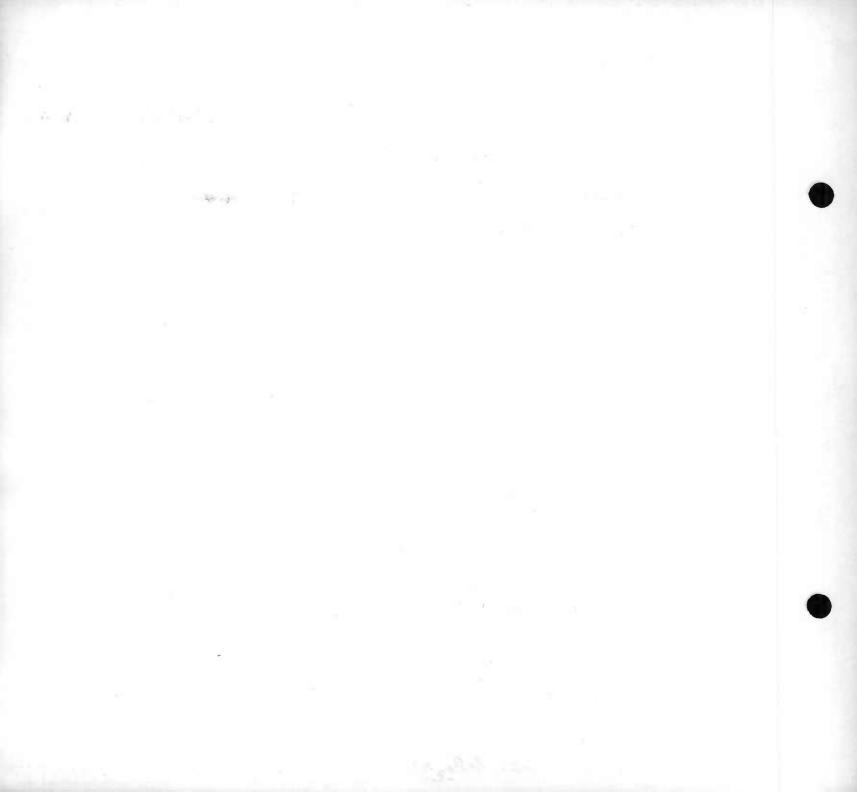


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



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1014 0046	HEALTH DEPARTMENT
MEDICAL EXAMINER	S CERTIFICATE OF DEATH REG. NO. 1 8046
BIRTH NO. 1. NAME OF DECEASED	
(Type or Print) Bryan Stepnen Liles	OF DEATH Estimoted August 18, 1971 4:40 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 18, 1971 4:40 P. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
Lutheran Hospital	A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED NIVORCED DIVORCED	Doltimone E
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hours In Hours In Hours II Under 24 Hour	Hrs. E. STREET AND NUMBER
11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF	3444 Park Heights Avenue
Platy Land USA	Printes William Liles Jr.
I4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDU- done during most of working life, even if retired) None	Peggy Hasty
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
(Yes, ne or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Peggy Gwaltney 3444 Park Height
CAUSE OF I	DEATH APPROXIMATE INTERVA
DISCASS OF CONDITION DIFFCEN	respiratory arrest during recovery ETWEEN ONSET AND DE
LEADING TO DEATH	nesthesia Tecause
	OR AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED [21. AUTOPSY? (Yes or No)
8-17-71 Circumcision	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	.g., In or obout 22C. WHERE DID (If In Baltimore City, give exact location)
	Lutheran Hospital 22F. HOWDID INJURY OCCUR? Cardiorespiratory
(APPROX.) 8-17-71 8:35 a white AT	ACT WHILE arrest during recovery from anesthesis
23. I certify that I held an Inquiry Inspection I	Autopsy X and that on this basis, death in my opinion
resulted from: Natural causes Acqident Sul	cide Homicide Undetermined manner
(1) (1) (1) (1) (1) (1) (1) (1)	CHIEF MEDICAL EXAMINER
SIGNATURE Mans J. Syringate	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 19, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE REMOVAL (Specify)	RY or CREMATORY 24D. LOCATION (City, town, or county) (State)
	morial Park Laurel Maryland

AUG 26 1971 VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

8-23-1971 | Carver Memorial Park
H DEPT. | 258. NAME OF REGISTRAR | 25C. FUNERAL DI 25C. FUNERAL DIRECTOR

Maryland ADDRESS

Laurel

NUTTER FUNERAL HOME 3035 W. NORTH AV

VS 150-REV-4/4B

(Stole)

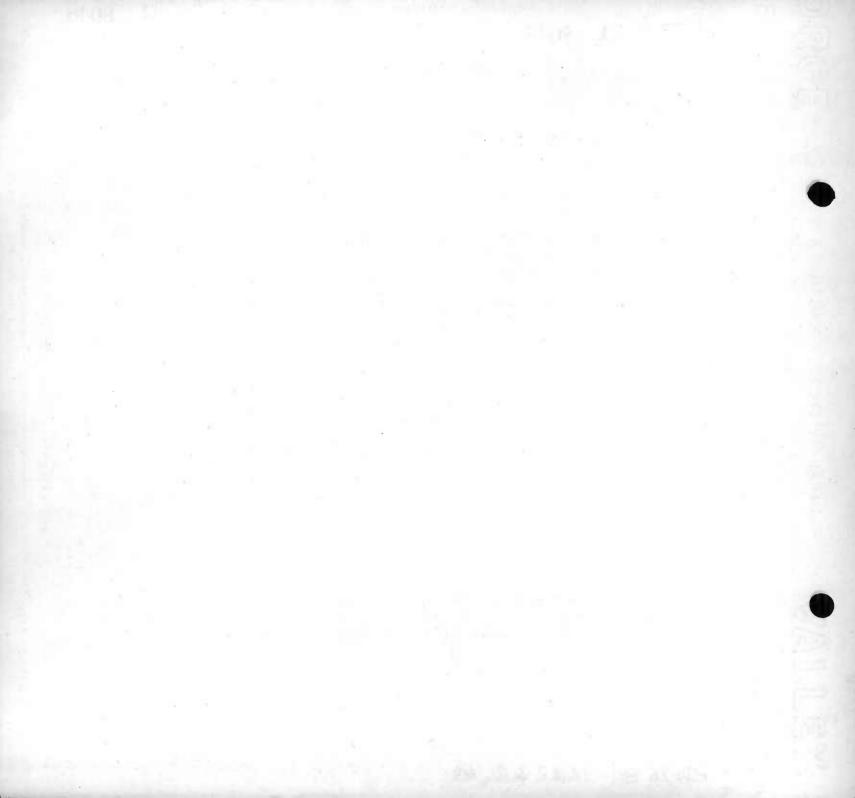


Such

1 .111			BALTIMORE CITY	HEALTH DEPARTMENT	-	71 0048
1)-4/6 BIRTH NO.	71 804	18	CERTIFICA	TE OF DEATH	REG. NO	2 0040
I. NAME OF DECE	ASED		4.4	2. DATE	AND HOUR OF DEATH	
(Type or Print)	Assu	nda(Sus	ie)DelVerde	9/	24/71	
3. PLACE IN BALT	IMORE, MARYLAND,			4. USUAL RESIDENCE (WI	nere deceased lived, If in	nstitution: residence before odmiss
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LO	ITAL OR INSTITU CATION)	ITION, GIVE STREET	Maryland C. CITY OR TOWN	D. INS	DE CITY LIMITS?
00	3107 Ro			Baltimore E. STREET AND NUMBER		YES NO
	Baltimo			3107 Rosa		
	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tast birthday)	Manths Days Hours Mir
Pemale	White	WIDOWED		7/17/86	85	
	PATION (Give kind at we orking life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	reign country)	12. CITIZEN OF WHAT COUN
Owner		Lunch	Room & Tave	rn Itlay		USA
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN N.	AME	
	Ralph A	quino		Dante	9	
	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	(If yes, give war ar do		1/8-32-4749	George Jehn	nert 3103	Rosalie Ave
DISEASES O	isthenia, etc. It mear olication which cause NTECEDENT CAUSE R CONDITIONS, if above cause (A CONDITION last.	ed death.) ES any, giving	(B) Coron	a consequence of: any Arkeny a consequence of: aligned arkeny	Disease viclasis	Years.
TO THE DEATH	CANT CONDITIONS C I BUT NOT RELATED TO ENDITION GIVEN IN PA OPERATION 198. CO	THE TERMINAL ART 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or)	Noll 20B, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PE	RFORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner)		PLACE OF INJURY (e.g., i e, form, factory, street, of	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
	(Manth) (Day) (Yea		INJURY OCCURRED le At Not While At Work		JURY OCCUR?	
22. I certify t	hot (1) (this hospit	al) ottended th	e deceosed from	June	1968 10	8/24 1971
	for the agues st		/ 12/ (W-) (L:L) (-W-)	19 7 (ond the body ofter death	that in (my) (our) api	nian deoth occurred on the
23A. SIGNATUR) 0	("e) (did) (did=101) V	Tew The body offer deoin	•	23B, DATE SIGNED
46	Eman B	eller	- VILL DEGREE Phy		Staff Phys.	
NAME (Ty	pe)	recher	110	6410 Wind	las Mill Re	l Bolhinge Inc
4A. BURIAL CREA	ATION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, tawn, or county) (Stat

27/1971 M DEPT. 258. NAME Burial 8/ Redeemer Belair Rd Balto, Md

25C. FUNERAL DIRECTOR
Frederick Cook 7200 Harford Road Most Holy



- 11	(BALTIMODE CITY	LICALTII DEDADALISME						
	J-525 71 0040		TE OF DEATH	REG. NO					
11-	NAME OF DECEASED	CLKTITICA		/1	8049				
	Type or Print)		2. DATE AN	D HOUR OF DEATH	_45				
	PLACE IN BALTIMORE, MARYLAND, WHERE P	DSON DEAD	A USUAL PESIDENCE (When	-15-71	1712 PM.				
			A. STATE B. COUN	e deceased lived, IT ins	titution: residence before admission				
[] 1	FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Marylans		1403				
- 11'	NSIITOTION	RSTNO Home	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?				
	10 1501 DUKELON		E. STREET AND NUMBER	3e	YES NO				
i	Battimore	m = 21216	516 Laur	2011 5					
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.				
- 11	Male NagRO WIDO	WED DIVORCED	3-1-85	lost birthdoyl	Months Doys Hours Min.				
2 1	OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country!	12. CITIZEN OF WHAT COUNTRY?				
d 1;	one during most of working me, even it refree;			Zul.					
1:	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE					
	Jake In	Turen	2. 1	4.					
15	was Deceased Ever in U.S. Armed Forces? es, no or unknown! [If yes, give wor or dotes of ser	1 6. SOCIAL	JAMMU G	murage	ADDRESS 1) ST				
(Y	Wes Que of dotes of sen	SECURITY NO.	2 11 V	- 0	1. Ball.				
	110.	CAUSE OF DEATH	The Dua Dar	to 29/1/KA	exprese un med				
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	(A)IMMEDIATE CAUS	· Metacheli	Che a.c.	0.46				
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dis-	0.0	CONSEQUENCE OF:	green a	MAL.				
	injury or complication which coused death.)			0 / /					
	ANTECEDENT CAUSES	(B) Care	inoma of to	rostate					
	DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS A	CONSEQUENCE OF		*************				
	UNDERLYING CONDITION last.	(C)							
1,	. 11								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG NAL							
<u> </u>	DISEASE OR CONDITION GIVEN IN PART) (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20P IF Was 11000 510					
CERTIFIC	WAS PERFORMED	or willow or anytholy	ACIONSI (ITES OF NO.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?				
11	On CONTRACTOR TO	218, PLACE OF INJURY leage in	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)				
Į	DEATH (notify medical examiner)	home, form, foctory, street, officelc.)	e bldg., INJURY OCCUR?						
MEDICAL	21D-TIME (Month) (Doy) (Year (Hour	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
\$	OF INJURY (APPROXI	While AI No! While							
	22. I certify that (I) (this has altel) attend		20/80	100	1(= 7)				
	22. I certify that (I) (this haspital) attended the deceased from 8-18- 1969 to 8-15- 1971 that (t) (we) last saw the deceased alive an 8-15- 1971 and that In(-x) (aux) applies death as a fine of the same of t								
	and hour and fram the causes stated above		0110	t in (my) (our) apini	an death occurred on the date				
	23A. SIGNATURE	e- Ti) (ne) (ala) (ala-not) vie	w the body ofter death.		OR DATE COMED				
	Topania O A	Attend		toff	3R DATE SIGNED				
	23C.PMYSICIAN'S	DEGREE Phys.	D. ADDRESS	hys. L.J	8-15-71				
	NAME (Type)								
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CREM	ATORY 24D. LO	CATION (C'III	town, or countyl Hautel				
	POUDLES Q-17-41	Protion 14	-d. 0.	TV.	town, or country!				
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25G FUNERAL DIRECTOR	Mobile	Dai				
	ANC DE MIN Q.A. A.E	Jaben Ko.	Cango 1 d al	Rum 2	222 ADDRESS				
Ve	ISO-PEN TO LO TO	3 3 1	1 7 0	Jourse	w noulus				

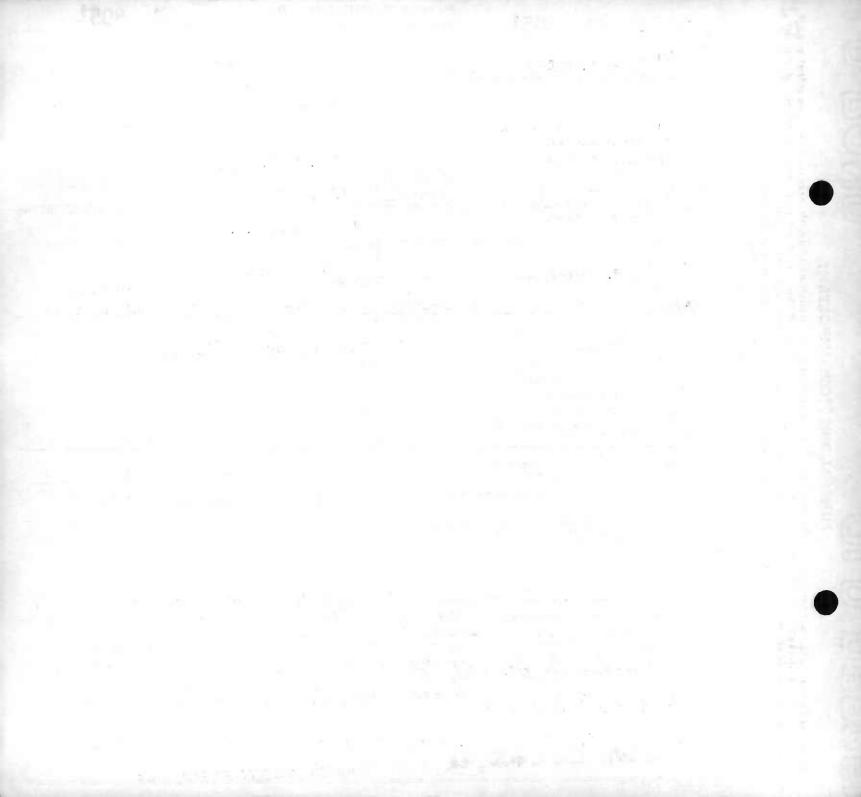


	1	EALTIMORE CITY HEALTH DEPARTMENT
	2002	REG. NO. 1 8050 CERTIFICATE OF DEATH REG. NO. 1 71 - 8050
		I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	Type or Print ECK FLS CATHERINE 8.25.71	
	The Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceosed lived, If institution; residence before odmission A. STATE B. COUNTY
	ospi e o 5) D ince	A. STATE B. COUNTY
		HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	2 5 5 C 2	PAI TILLADE
	ting d cau r att	C CYCLES AND ANNUAL CO.
	0 + 0 . 0.6	SINAL HOSP. INC- TSALTIMOTE 3904 Woodhine Ave
•		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
	occu nntrik rmir egul ased	WIDOWED DIVORCED 188
-		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	or nd nd itio	HOUSTEWIFE BAID, NO. USA
7	D S S S S S S S S S S S S S S S S S S S	13. FATHER'S NAME
<u> </u>	nt it death direct or c l; (4) Undet th was in on the dec	ALEMETTA TONE!
Z		15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (ADDRESS
1	de de na	110
Ö	3 4 CD 0	18. CAUSE OF DEATH LCKELS 3904 Woodbing
P.	N . B O E	DISEASE OR CONDITION DIRECTLY
=	Also Also noun atte	LEADING TO DEATH (A) IMMEDIATE CAUSE METATSOLIC INTRALANCE 2-3 days
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
OR:	racturacturacturacturacturacturacturactu	injury ar camplication which caused death.
CT	Fra Pro	ANTECEDENT CAUSES (B) 40 61 KINS to STE ASE, Store IV wouth
0	exam exam 3) A f 1) who n reg are e	DISEASES OR CONDITIONS, if ony, giving ise to the obave cause IAI stoting the
		UNDERLYING CONDITION last. (c) TOLKISTE TES MIZULTUS YEARS
Δ .	medical burns; hysicia n was remain	NOT HEALING FOOTUTICED
A	edica burns hysici n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL
H.	- E > C.O 0	S DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	Bod Bod the ysic	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	for for	21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID.
		OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., NJURY OCCUR?
ف	0 d 3 € d	Q 21 D. TIMF (Month) I Day I Year (House 215 IN ILLAN OCCURRED)
3	hospite nature; tept wh d (6) No ained b	Vor INJURY White At \(\text{Not White } \text{To With the At } \(\text{Not White } \text{To With the At } \)
	y x x x x x x x x x x x x x x x x x x x	
	F F 9 . 0	
	- 0 0 5 0	that (1) (we) last saw the deceased alive an
	dent deat must	22A SIGNATURE
	·	D. Vasini, MD DEGREE Phys. Med. Shaff 8-25.71
	r t a	23C. PHYSICIANS Aftending Med. Sheff Sheff
	y was ref (1) An acc (2) A. at a l d prior to	NAME (lype)
	A d d	MARCO VARINI DEGREE SINAI HOSP. INC - TSALTIMORE 24A. BURIAL CREMATION, 24R. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (GIV. 10WII. OF COUNTY) (Stole)
	THOU 6 -	REMOVAL ISpecify
1		BURING 8-30-7/ARBUTUS MEM. PARK BACT. C.TY M.S. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS.
	the I show was dece	ADDRESS
	- "	VS 150-REV. 1/1/68



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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0			BALTIMORE CITY	HEALTH DEPARTMENT	9	71 0061		
D-652	. 71 8	051	CERTIFICA	TE OF DEATH	REG. NO	1 200t		
NAME OF DECE	ASED				IND HOUR OF DEATH	Н		
Type or Printly	ladys L. Bar	nes			gust 21, 19			
3. PLACE IN BALT	IMORE MARYLAND, V		UNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. If	institution: residence before admission		
FILL NAME OF	UE NOT IN HOCK	TAL OR WISTING		A. STATE B. COU	NIY	12044		
FULL NAME OF HOSPITAL OR HISTITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	Maryland c. City or town	In the	J D T		
Crawfo	ord Retreat I	Nursina	Home	Baltimore	D. IN	YES X NO		
DD 2-117.	Denison St,			E. STREET AND NUMBER		TES IS NO		
Bolti	more, Mid			101 E. 21st.				
	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	H Under 1 Yr., Il Under 24 Hr		
Female	Negro	WIDOWED		11/04/1887	tost birthdoyl	Months Days Hours Min.		
A. USUAL OCCU	PATION (Give kind of wor			11. BIRTHPLACE (State or for	teins country)	12. CITIZEN OF WHAT COUNTS		
one during most of w	orking life, even if relired)							
	lone			Washington,		USA		
L FATHER'S NAM	18			14 MOTHER'S MAIDEN NA	AME			
Willia	Ever in U. 2 Armes For			Edith Pet	ens			
Was Deceased I	Ever in U. S. Armed For Ilf yes, give war or dote	ces?		17. INFORMANT		ord Nursanderss		
		a di setvicei	SECURITY NO.			1 1112		
18, //	No		214-22-3533 CAUSE OF DEATH	Marie Fox	211	7 Denison Street		
DISEASES OR	NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	any, aiving	(B) DUE TO, OR AS	A CONSEQUENCE OF:				
ITO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO TO NOTION GIVEN IN PAR	HE TERMINIAL	**********************					
	OPERATION 198 CON WAS PER	DITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes of N	o) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUT	WAS UNDERLYING CAUSE OF	21 B. home	PLACE OF INJURY (e.g., in a, form, foctory, street, offi	or obout 21 C. WHERE DID	(If In Boltimo	ore City, give exoct location)		
	(Month) (Day) (Year)	(Hour 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
OF INJURY		Whit	Not While					
	L . (1) (.) L	AAOH			7 1			
i i	hat (1) (shis hospit al		e deceased from	Larch 16	19 10 to 17	4.2/ 19.7/		
	ast saw the decease		cus 19			thion death occurred on the day		
and hour and	fram the causes stat	ed abave. (I)	(We) (did nat) vi	ew the bady after death.				
23A. SIGNATUR		01	< 1-			23B, DATE SIGNED		
Med. Stoff 8-25								
23C. PHYSICIAN NAME (Typ	rs (e)			BD. ADDRESS P	- D. D	12		
A BURIAL CREM	HAM B. HL	JAWITZ	ME of CEMETERY OF CREA	SD) albert	y Ka, BR	brune Ms.		
REMOVAL (Sp.			THE OF GENTLEFERT OF CREA	240. J	OCATION (C	City, town, or county) (State)		
Burial	8/24/7		Mt. Calvary C	emetery	Baltimore	e. Maryland		
AUGEZE	THE SEAL OF	PR. CAMPS	F REGISERAR	25C. FUNERAL DIRECTO	R	ADDRESS		
			10.13	MORTON & DY	TT FIMEDA	Hour		
S 150-REV. 1/1/68					T TOM VAL	HUMP		



I. NAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR INSTITUTION

6. SEX

CERTIFICATION

Male.

9. DATE OF BIRTH 5-29-46 11. BIRTHPLACE (Stote or fore Baltimore. IAA.USUAL OCCUPATION (G done during most of working life, a Mechanic 16. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, give

4. PLACE IN BALTIMORE, M

71 8052	BALTIMORE CITY HE			17/4		220
-552 MEDICAL EX	KAMINER'S (CERTIFICATE OF	DEATH	REG. NO.	8	052
ME OF DECEASED or Print) WOODROW SIMMONS		2. DATE Known DEATH Estimoled	Month	Doy	Year	Hnur M.
ACE IN BALTIMORE, MARYLAND, WHERE PRONC NAME OF (IF NOT IN HOSPITAL OR INSTITUTION TAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED DEAD	Month August 2	4, 1971	Yeor	11:00 P.M.
MERCY HOSPITAL		5. USUAL RESIDENCE (Where A. STATE Maryland	e deceosed lived B.	If institution: res	sidence b	efore admission)
	NEVER MARRIED	C. CITY OR TOWN	D	INSIDE CITY L	IMITS?	
1e Negro WIDOWED		Baltimore		YES [X	10 0
-29-46 lost birthday 24 Mont	der 1 Yr. II Under 24 Hrs. hs Days Hours Min.	755 Grantley	5† Road			
Baltimore, Maryland	ITIZEN OF YHAT COUNTRY?	13. FATHER'S NAME Lonnie Warman				
WAL OCCUPATION (Give kind al work 148. KIND OF E ring most of working life, even if relired) Mechanic Body &	Fender Shop	15. MOTHER'S MAIDEN NA/ Lillian Simmor				
AS DECEASED EVER IN U.S. ARMED FORCES? OF Unknown) (If yes, give wor or dates of service) NO	17. SOCIAL SECURITY NO.	Mrs. Lillian	Simmons	819 W.		atoga St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEA Gunshot	wound of head				ROXIMATE INTERVAL TEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, osthenta, etc. it means the disease, injury or complication which coused death.)		S A CONSEQUENCE OF:				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:			+		
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
A. DATE OF OPERATION 208. CONDITION FOR	WHICH OPERATION WA	S PERFORMED		21.	AUTOP	yes
A. EXTERNAL CAUSE WAS NDERLYING OR CONTRIB. TIME OF DEATH	LACE OF INJURY(e.g., form, factory, street, affice Street	In or obout 22C. WHERE DID (bldg., etc.) INJURY OCCUR? 700 Block	(Il In Baltimare C	reet.	cation)	01

DISEASE OR CONDITION 20A. DATE OF OPERATIO

24B. DATE

8-28-71

UTING CAUSE 220. TIME (Month)
OF INJURY
8-24-UTING CAUSE OF DE (Year) (Hour) 22E,INJURY OCCURRED (Day) 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE P.M. 8-24-71 Shot during altercation

Inquiry 🔲 I certify that I held an Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural causes Accident Sulcide Homicide X Undetermined manner

CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

EXAMINER'S ASSOCIATE MEDICAL EXAMINER Ronald N. Kornblum, M.D. NAME (Type)

m. WORK

24C. NAME of CEMETERY or CREMATORY 24D. LOCATION

25C. FUNERAL DIRECTOR

Morton & Dyett Funeral Home

Arbutus Memorial Park 258. NAME OF REGISTRAR

Baltimore City ADDRESS

(City, town, or county)

1701 Laurens

(State)

Md.

DATE SIGNED

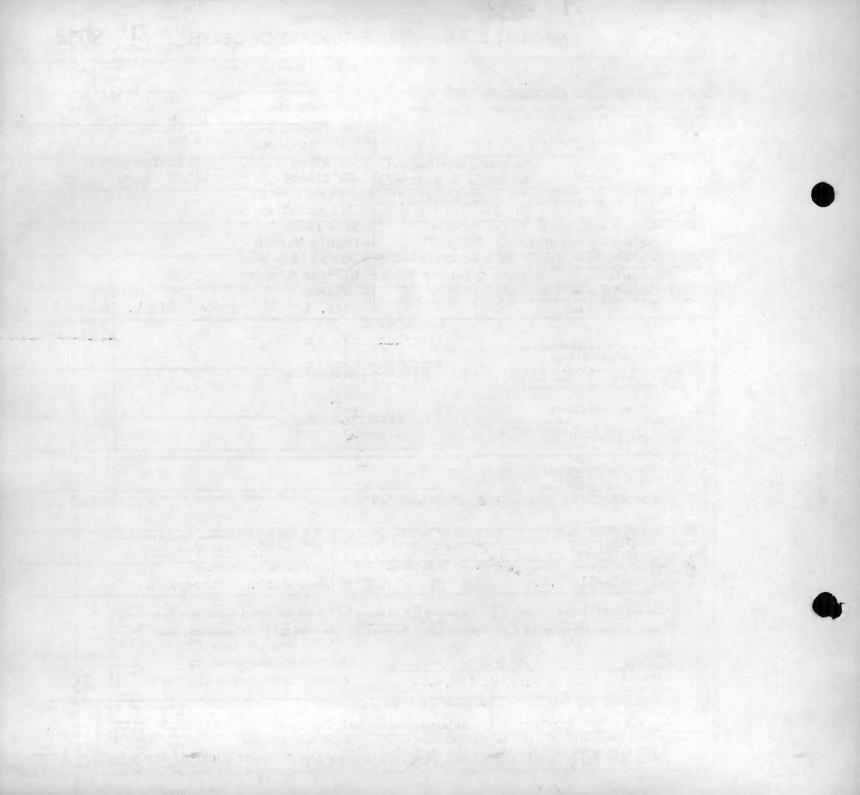
8/25/71

VS 151-REV. 1/1/68

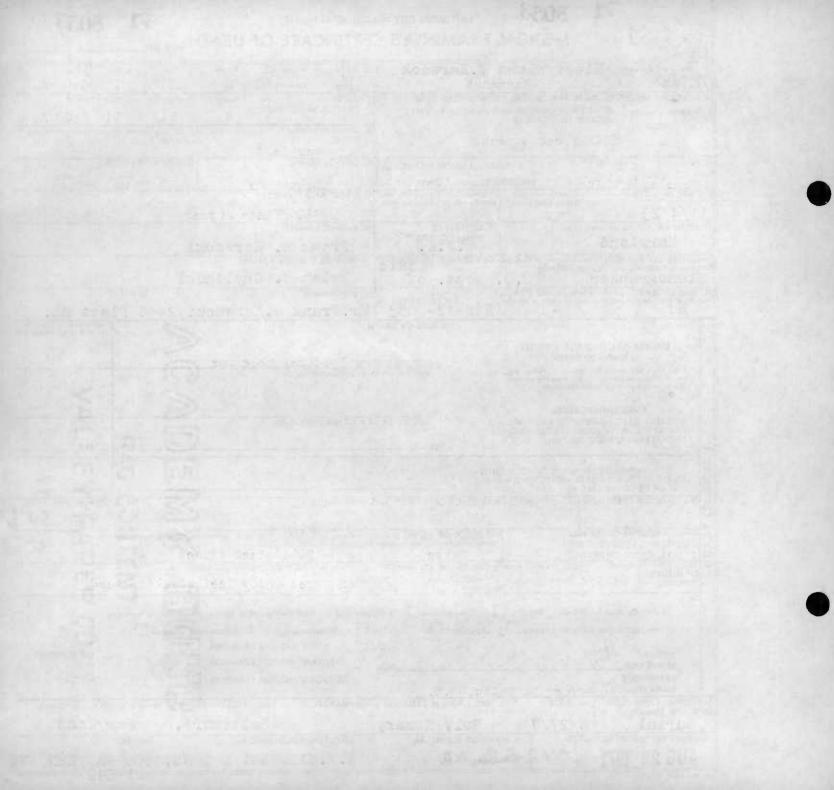
24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

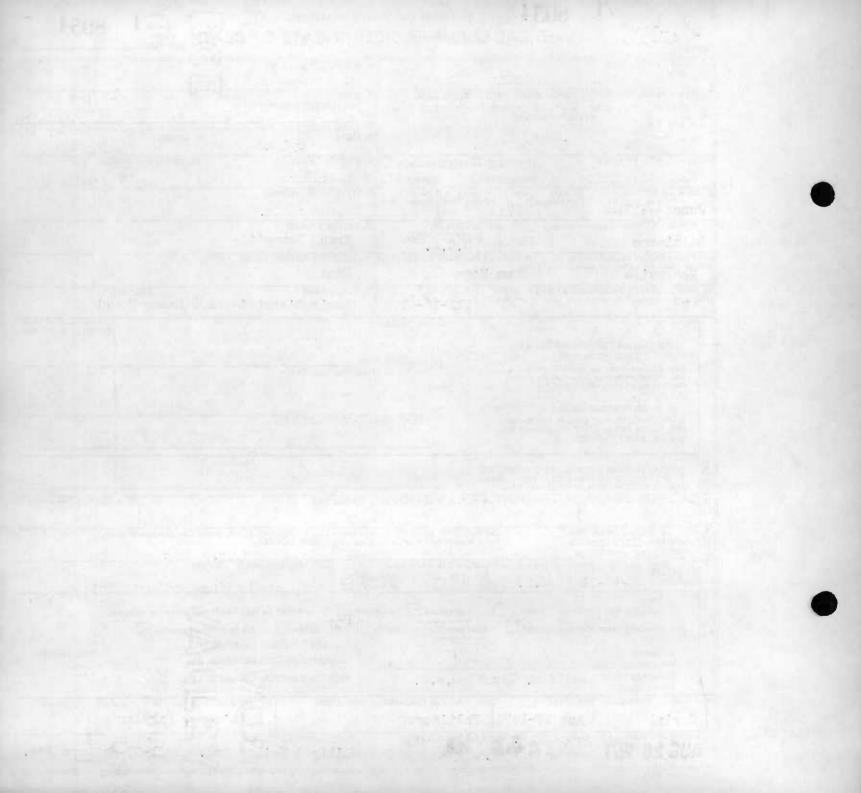
REMOVAL (Specify)



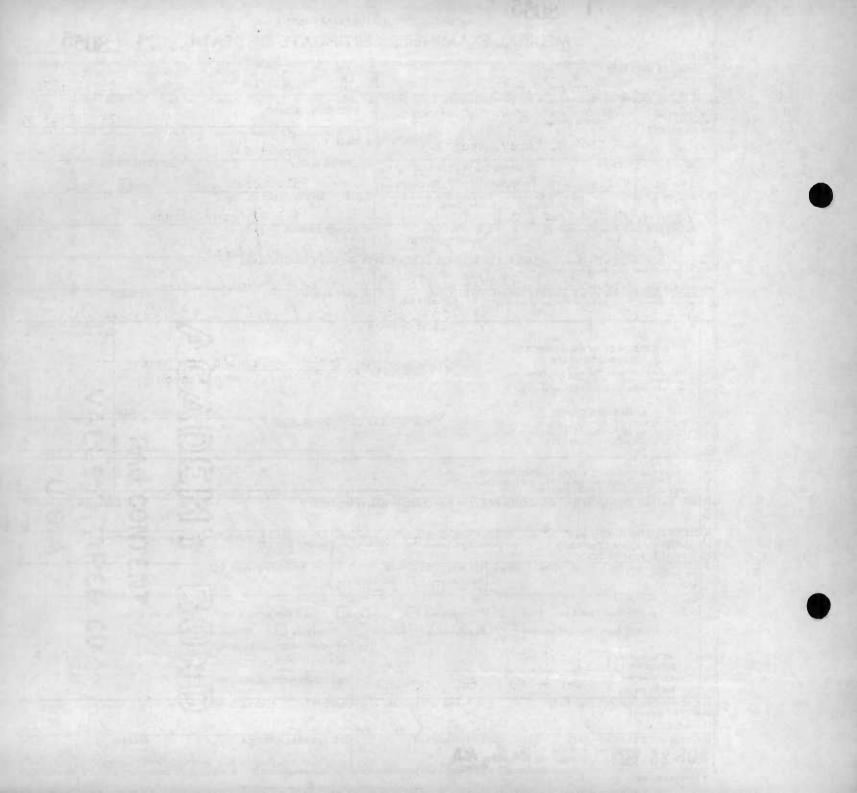
11	71 805	3	BALTIMORE CITY HE	ALTH DEPA	RTMENT		17	1 6	2053	
1-620	MED	ICAL	EXAMINER'S			OF DEAT	TH REG. NO.	1 (٥٥٥٥	
I. NAME OF DECEAS	Mieczys	lawa	T.Karwacki	2. DATE OF	Known	Month .	Day	Year	Hnur	
1/K as Mildred Karwacki 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					Estimoted		24 Dov	71 Year	8:00 A.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					UNCED DEA	8	24	71	8:00 A.	
2446 Fleet Street					5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY Maryland					
6. SEX 7. R	SEX 7. RACE B. MARRIED NEVER MARRIED W				C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Female 1	White	WIDOV	VED DIVORCED		Baltim	ore	Y	ES 🔽	NO 🗆	
9. DATE OF BIRTH 11/4/23	10.AGE (Ir lost birthdo		If Under 1 Yr. II Under 24 Hrs. Manths: Doys , Haurs , Min.	E. STREET	AND NUMB					
11. BIRTHPLACE (State			12. CITIZEN OF	13. FATHER		Teee Bel				
Maryland WHAT COUNTRY?					Frank W. Karwacki					
14A.USUAL OCCUPATION (Give kind al work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)										
Stenograp		U.S.		He:	Len V.	Chylin	ski			
16. WAS DECEASED EV	ER IN U.S. ARMED	FORCES	? IT. SOCIAL	IB. INFOR				DDRESS		
No	a, give wor at doles	u, 3011100	218-12-8053	Mr.Fr	cank W	.Karwac	ki.2446	Fle	et St.	
19. F X 2 7	/ 1		CAUSE OF DEAT					A	PPROXIMATE INTERVA	
DISEASE OR	CONDITION DIREC	CTLY								
	ING TO DEATH		(A)IMMEDIATE C	AUSE Sul	dural	hematoma				
heart foilure, asthe	on the mode of dy	disease,	DUE TO, OR A	S A CONSEC	UENCE OF:					
Injury or complico	llon which caused dec	th.)								
	EDENT CAUSES		(8)							
RISE TO THE ABO	ONDITIONS, IF ANY	GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	ONDITION LAST.		(c)							
E .	II .									
DISEASE OR CON	NT CONDITIONS CO UT NOT RELATED TO DITION GIVEN IN PA	THE TERM	INAL						*****************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED									OPSY? (Yes or No)	
									Yes	
UNDERLYING			22B. PLACE OF INJURY (e.g., home, form, lactory, street, office	in or about 2	2C. WHERE	DID (Il In Boltime	are City, give exo	ct locotion)		
UTING □ CAUSE	OF DEATH.		House	17)	2446	Fleet St		10	3	
OF INJURY (Mant						D INJURY OCC				
(APPROX.) 8	24 71	?	m. WORK AT W	WHILE ORK	Presum	ably fee	l strikin	ng hea	.d	
	A .	nquiry [opsy X	ond that	on this basis,	death in my	opinion		
resulted fo	am: Notural cou	505	Accident Sulcid	e 🗌 H	omicide 🔲	Undeterm	Ined manner			
ACTUAL	11000 . 1		Dep	uty	CHIEF MEDI	CAL EXAMINER	<u>K</u>		DATE SIGNED	
SIGNATURE_	ull my	1	M.D.	ASSI	STANT MEDI	CAL EXAMINER				
EXAMINER'S	**		1) 1.	ASSC	CLATE MEDI	CAL EXAMINER			8-24-71	
NAME (Type) 24A. BURIAL CREMATIC	Werner ON, 24B, DATE	U. Sp	24C. NAME of CEMETERY	OF CREMATO	DPV I	24D. LOCATION	I (Classes		15:	
REMOVAL (Specify)		7.4			· KI			, or county		
Burial 25 A. DATE REC'D BY H	8/27/	1000 00	Holy Rosary			Baltimo		-	land	
		1 -	AME OF REGISTRAR		FUNERAL DI			DDRESS		
AUG 26 3	1. Pobert	4. 40	Bay KD.	M.F	.SADOV	VSKI & S			0.34	
VS 151-REV. 1/1/68		01 013			19 19			XX Z	231	



VS 151-REV. 1/1/68

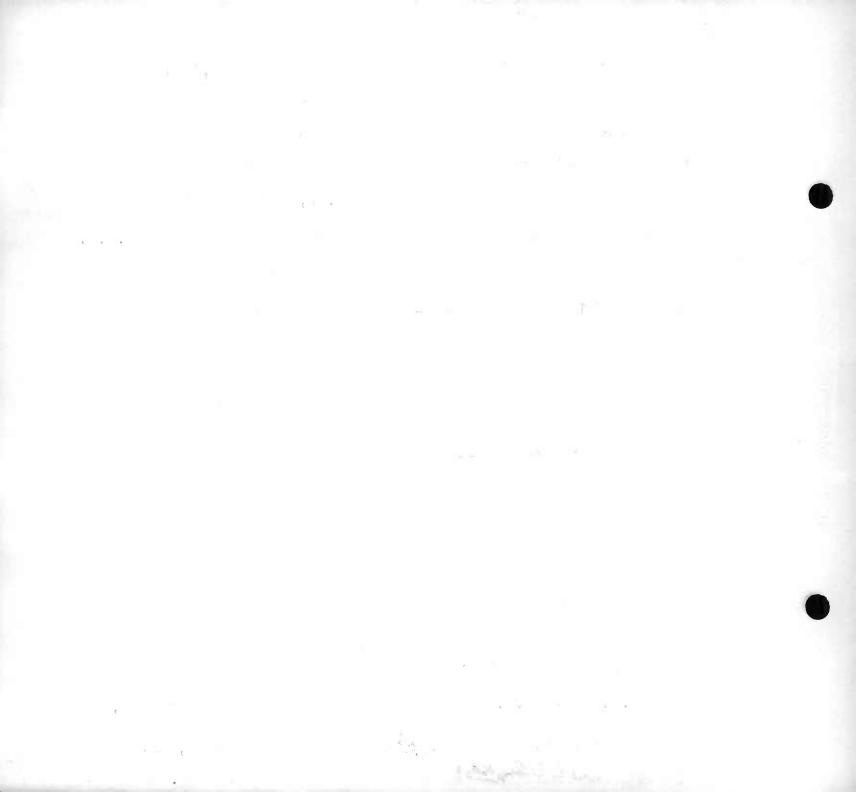


BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. N	81 8055
1. NAME OF DECEASED	2. DATE Known & Month Doy	Yeor Hour
(Type or Print) Charles Virgil	OF DEATH Estimoted 8 24	71 11:45A. _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)	8 24 5. USUAL RESIDENCE (Where deceased lived. II institut	71 11:45 A _M
1401 S. Carey Street	A. STATE B. COUNTY	
	Maryland	2102
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore	YES X NO
9. DATE OF BIRTH 10.AGE (In years Wunder 1 Yr, II Under 24 Hrs. lost birthdoy) Months Doys Hours Min.	E. STREET AND NUMBER	
11/21/1908 \$62	1401 S. Carey Street	-
11. FIRTHPLACE(State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?	P. 1. 111	
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	Y LE MOTHER'S MAIDEN NAME	
dope during most of working life, eyen il retired)	() () () () () () () ()	
Jacles shaker Selhaken Sleet	Moneca mulkacles	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.	18. INFORMANT	ADDRESS 2/230
NO - 2/5-03-6982	Alda lugel -2137. Il	armon Ans.
19. 4/12, 4 1 CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		DETWEEN ONSET AND DEATH
	Ause Arteriosclerotic cardiov	zascul ar
	AS A CONSEQUENCE OF: disease	a de la constantina della cons
injury or complication which coused death.)	arsease	
ANITECED CALLEGE		
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give e bldg., etc.) INJURY OCCUR?	
UNDERLYING OR CONTRIB-	e bidg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23. m. WORK AT W	ORK L	
I certify that I held an Inquiry Inspection Au	topsy K and that on this basis death in m	v colules
resulted from: Notural couses Accident Suicid		
Surcial Related Courses Accident Surcia		
ACTUAL IVIL MAN SALE	Deputychief MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	8-24-71
1,17507	CDCMAYORY	
REMOVAL (Specify)		wn, or county (Stole)
vurial 5/27/71 they fede	ener. Out	had.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS O D
AUG 26 1971. Palent E. Harlen Ack	Istu Inf	ner That - Per
The state of the s	The Constant from	Hotland ST
VS 151-REV. 1/1/68		



VS 150-REV. 1/1/68

Dear moneyely will.



250, FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DEPT.

AUG 26

250 NAME OF REGISTRAR

VS 151-REV. 1/1/68

405

9/13/71 - Letter from M.E.C.

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

No Γ

U.S.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

ADDRESS



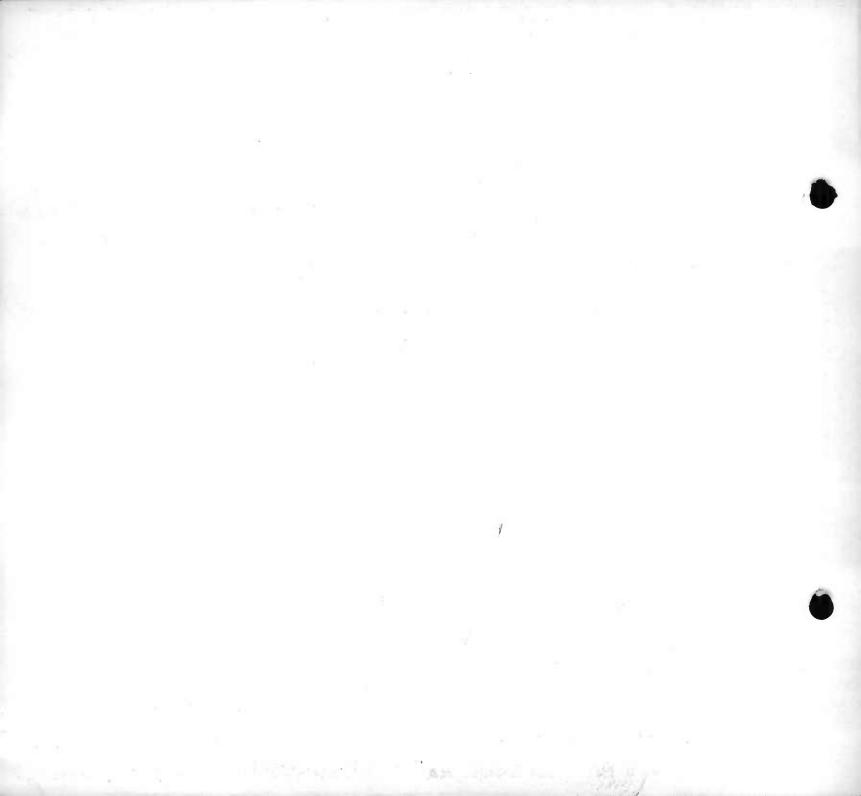
FUNERAL DIRECTOR: IMPORTANT

BIR	TH NO. 71 8061 CERTIFIC	CATE OF DEATH REG. NO. 71 8061
1. N	IAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Dunn Mrs Commo. O.	8-24-71 2 8
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss
FU	LL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland, DALTO 530
	SPITAL OR ADDRESS OR LOCATION	C. CITY OR JOWN D. INSIDE CITY LIMITS?
	Keswick Home For	Balliman YES NO
-	Incurables of Balto, City	E. STREET AND NUMBER
5. S	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., If Under 24
2	WIDOWED DIVORCED	Months Doys Hours Mi
JOA.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUR
lone	e during most of working life, even if retired)	11/11/11/11
3. 1	FATHER'S NAME	EX WOODS boro, Md U.S.A.
-	744 /	MOTHER'S MAIDEN NAME
4	Mo Ma S / C O S R ry . Was Deceased Ever in U. S. Armed Forces? / 116, SOCIAL	Kose Snyder
Yes	s, no or unknown) (Il yes, give war or dotes of selvice) SECURITY NO.	17. INFORMANT ADDRESS
_	No No 171-07-798	63D Keseweek records 200W. 40:
	18. 4 / 2 / 1 CAUSE OF DE	ATH APPROXIMATE INTERV BETWEEN ONSET AND D
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Cerebral Lemorlinge 2 rule
	(This does not mean the mode of dying, e.g., (A)IMMEDIATE	AS A CONSEQUENCE OF:
	heort laiture, asthenia, etc. It means the disease, injury ar complication which coused death.)	AN A CONSEQUENCE OF:
	ANTECEDENT CAUSES	Eteruselerotic CVD 12 Urs
	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR	AS A CONSEQUENCE OF:
	rise to the obove couse (A) stating the UNDERLYING CONDITION last.	
	(5/1000000000000000000000000000000000000	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	odenal wheer
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	- acu q cacar
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTORSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E		710
	OR CONTRIBUTING! I CAUSE OF Ihome, form, lociory, street	g., in or about 21C. WHERE DID (If In Baltimore City, give exact location) , office bldg., INJURY OCCUR?
ပ္ခဲ့	DEATH (notify medical examiner) etc.)	
3	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not V	21f. HOW DID INJURY OCCUR?
	Work L At W	ork 🔲
	22. I certify that (1) (this hospital) attended the deceased from	
	that (1) (we) lost saw the deceased alive an	19 7 (and that In (my) (aur) opinion death occurred on the
- 1	and hour and from the causes stated abave ((1) (We) (did) (did nat	t) view the bady after death.
	23A. SIGNATURE	23 B. DATE SIGNED
	Harold P. Brell GEGES	Attending Med. Staff Staff Phys. Staff
	23C. PHYSICIAN'S	Attending Med. Staff Phys. F-25-71
	23C. PHYSICIAN'S NAME (Type) Dr. Harold P. Biehl	23D. ADDRESS Keswick Home
	23C. PHYSICIAN'S NAME (Type) Dr. Harold P. Biehl	23D. ADDRESS Keswick Home
24A	23C.PHYSICIAN'S NAME (Type) Dr. Harold P. Biehl BURIAL CREMATION, 24B. DATE REMOVAL (Specily) DT. JURIAL CREMATION, 24B. DATE REMOVAL (Specily)	23D. ADDRESS Keswick Home CREMATORY 24D. LOCATION (City, town, or county) (Stote
BI	23C. PHYSICIAN'S NAME (Type) Dr. Harold P. Biehl	23D. ADDRESS Keswick Home CREMATORY 24D. LOCATION (City, town, or county) (Stote

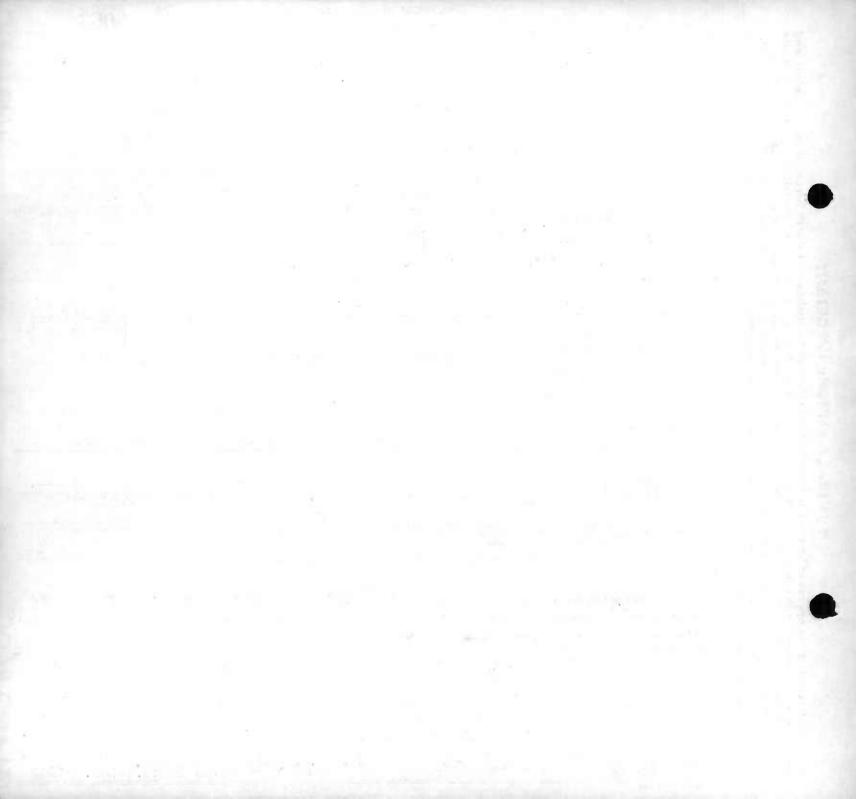


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70 g 7 g	1011	RTH NO.	į
pital and of death Deceased ce on the ath. Such	1.1	NAME OF DECEA	A.
= 7 9 E .	Liy	FORD)
Dec of ath.	3.	PLACE IN BALTI	
hospi ise o (5) D ance deat	FI	ILL NAME OF	
cause se; (5) endanc	HO	OSPITAL OR STITUTION	
Se Ca	17	1 6	
ed in a hosl iting cause d cause; (5) r attendanc prior to dece.		T	
outired ar pr		GOOD S	5
ad ad	5.	GOOD SEX 6	
iistant if death occurred the direct or contributi kind; (4) Undetermined death was in regular ice on the deceased pr		m	
re r	104	USUAL OCCUP	
ath det det in ion	don	0	13
if de set o t) Un was the o	13.	FATHER'S NAME	L
if d rect (4) U wa the spos		-4-	
# # # # # # # # # # # # # # # # # # #	16	JOHN	_
istant he di kind; death ce on nal di	(Ye	Wos Deceosed Events, no or unknown)	f
is traperi		YES	١
s assistant if death occurred in if the direct or contributing any kind; (4) Undetermined cauced death was in regular attached on the deceased prior or final disposition is made.		18.	
in his assistant Also, if the direction of the direction		DISEASE	(
chief medical examiner or his assistant y a medical examiner. Also, if the di Body burns; (3) A fracture of any kind; the physician who pronounced death ysician was in regular attendance on rethe remains are embalmed or final di		(This does not	. /
		heart failure, as	
rie pare		injury or compli	
TUNERAL DIRECTOR: 10 chief medical examiner. 11 Body burns; (3) A fracture the physician who prophysician who prophysician was in regular fore the remains are embal		AN	17
Why who		DISEASES OR	
5 0 0 E E S			c
medical en nedical expedical expedical expedical expedical expedican by sician an was in remains que expedican expedical exped			-
f medical medical y burns; physician was e remain	N O	OTHER SIGNIFICA	A
phy phy	AT	TO THE DEATH I	BI
the dy	FIG	19A. DATE OF O	P
by a 2) Bod re the the physic fore th	ERT	0	
5-4-6 sag	C	21A. A CCIDENT OR CONTRIBUTI	N
ital ital e. (% her No p	S	DEATH (nolify m	e
proved by the chief in the hospital by a miny nature; (2) Body (except where the pand (6) No physicia and (6) No physicia obtained before the	MEDICAL CERTIFICATION	OF INJURY	N
o de production de la constante de la constant	Σ	(APPROX.)	
the hany name of and obtain		22. I certify th	_
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
12 of ta		that (1) ()() 10	
pint pint		and hour and fi	rc
this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.		112	/
E + 5 - 5 - E		// au	L
or a s c		23C PHYSICIAN'S	5
Wa Ar Ar Ar Dring			
E SOSAT	24A	REMOVAL (Spe	V
his certif he body hows: (1) ras D.O./ eceased rritten a	Re	em. Buri	L
his cer he bod hows: /as D.(ecease		A DATE REC'D BY	1
This the showas was		AUG 2)

1 = 1	BALTIMORE CITY	Y HEALTH DEPARTMENT		1-14	
TITH NO. 30 /1 8062	CERTIFICA	TE OF DEATH	REG. NO	17 8	3062
I.NAME OF DECEASED Type or Pgint)		2. DATE AN	NO HOUR OF DEATH		
FORD. DORIS	DOHN	8/6	26/71		3 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (Whe	re décéased lived. If ins	titution: residenc	e before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	UTION. GIVE STREET	Magueria		9	01
HOSPITAL OR ADDRESS OR LOCATION)	,	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
4-5		BALTIMORE	-	YES 4	по П
		E. STREET AND NUMBER			
GOOD SAMARITAN HOSE	OITAL	3803 OLD	YORK R.D).	
SEX 6. RACE 7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. Months: Doys	If Under 24 His.
M WIDOWED		6/4/02	losi birthdoyl	With the Days	Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BINTHPLACE (State or fore	ign country!	12. CITIZEN OF	WHAT COUNTRY
6 110 00		KINGS	MT., NO	11	en 0
3. FATHER'S NAME	TIVE AGEN	14. MOTHER'S MAIDEN NAM	N.C.	. U	· J. / .
to and and		1/0			
5. Wos Deceosed Ever in U. S. Armed Forces?	I 4 social	MAILLE	JACK	SON	
es, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS
YES WWI	239-10-778	MRS NOVEL	1.CA M. F	FORD	(SAME
18. / 5 / 9	CAUSE OF DEAT	4	1 11		OXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Gast/1	Carcinoma	MITH	PETWEE	N ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ise Metas	rasis	1	Veat
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
injury or complication which caused death.)					
ANTECEDENT CAUSES	(B)			1_	
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	100000000000000000000000000000000000000		
rise to the above cause IA) stating the UNDERLYING CONDITION last.	(c)				
II.	(0/				***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Auter	10 sclandice	Confession A	100	F 11115
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	77170	1036/8/4/2	419/0/45.12	/3.	5 411-
19A- DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No.		NDINGS CONSI	DERED
WAS TEM ORATION		NO	IN CERTIFYING CAU	SES OF DEATH	
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., I	n or obout 21C, WHERE DID	(II In Boltimore	City, give exocl	location)
DEATH (nolify medical examiner) etc.)	-t could teerpile entert of	TO SINGUINITIES OF COME			
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
	e At Not While			/	
Worl		7-1/-		1/31	
22. I certify that (this hospital) attended th	0/20	105/11-1	9to	10/11	19
that (1) (3) last saw the deceased alive on	8/01/21	19and the	ot in (my) (o) opini	lan death occi	erred on the date
and hour and fram the causes stated above. (1)	(WE) (dld) (did not) v	lew the bady after death.	•	,	
23A. SIGNATURE				238, DATE SIGN	ED /
// aul/ Edy av	DEGREE Phys		Staff Phys	8/26	1/51
23C PHYSICIAN'S NAME (Type)	DEONEL	23D. ADDRESS	1	/ -0	1
Paul J Eo	CAT MD	GOOD SAM	ARITAN	HOSPI	TAL
4A. BURIAL CREMATION, 124B. DATE 124C. NA	ME OF CEMETERY OF CRE			, town, or county	
REMOVAL (Specify)	/				
	ord's Cemete		ings Mounta		N.C.
	r sruisikak	125C. FUNERAL DIRECTOR		ADI	DRESS
MUIT AN MARK SINGLE		H. W. Denk	ins & Sons	Co.	
AUG 26 1971 & Ja		25C. FUNERAL DIRECTOR H. W. Uenk 4905 York	ins & Sons Road Balto	., Md.	21212



		BALTIMORE CITY	HEALTH DEPARTMENT	71	0000
	BIRTH NO. 71 8063	CERTIFICA	TE OF DEATH	REG. NO.	8003
	1. NAME OF DECEASED (Type or Print) TOY) Robert	- L. Jac	kson 2. DATE	22 - 7/	709 2
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WI A. STAJE B. COL	nere deceased lived. If inst	itution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Maryland C. CITY OR TOWN	2	E CITY LIMITS?
Н		11	Baltin	1006	YES X NO T
	UNION MELLOZIO	el Hospit.	E. STREET AND NUMBER 27/31/02/	10 ERT St.	Balto.
	5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 05-7-/7	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo	reign country)	12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired) MEC(+ANC P. P. P. TO 13- FATHER'S NAME	GARAGE	PENSYS	YLVANIO	U. S. A
	EDWARD JACKS	oN	14. MOTHER'S MAIDEN N	KEENA	N
	15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (III yes, give war or doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES WWIT	185-07-3771	MRS-DORG	S C. JOW	(SAME)
1	18. 19.31	CAUSE OF DEATH			APPROXIMATE INTERVAL
H	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C/ -0//	D.	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		eller. Fle	luceluc.
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE IU, OR AS A	CONSEQUENCE OF:	, ,	
Ш	ANTECEDENT CAUSES	On	100 Time A	east tai	audo
1	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
1	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) <u>OC</u>	Ponic Os.	structive h	my Discare.
	Z OTHER SIGNIFICANT CONTRIBUTION				
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	*********************			
1	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSYT (Yes of)	10) 20B, IF YES, WERE FIN	IDINGS CONSIDERED
	WAS PERFORMED		yes	IN CERTIFTING CAUS	ES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, etc.	LACE OF INJURY (e.g., in , farm, loclory, street, off	or about 21C. WHERE DID ice bidg. INJURY OCCUR?	(If in Boltimore	City, give exact location)
П	= IOF (NJURY	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
ı	EAPPROX.) White	Not While			
1	22. I certify that (1) (this hospital) attended the	deceased fram	-22-	19 7/_ to 8-3	22-7 1971
	22. I certify that (Withis hospital) attended the that (Wiwe) last saw the deceased alive an	-22-	19.7/ and t	hat in (my) (our) apinio	an death accurred an the date
	and hour and from the causes stated abave. (1)	(did) (didenoi) vi	ew the body after death.		
ı	23A. SIGNATURE A PULL	110			3B. DATE SIGNED
1	23C.PHYSICIAN'S	DEGREE Phys.	ding Med. Director 3D. ADDRESS	Staff Phys.	8-22-71
	Carlos A. Betril	AND MO	UNION H	Edloria/	Hospital.
	REMOVAL (Specify)	ME of CEMETERY of CRE			town, or county! (Stole)
	Burial 8-26-71 Ba	ltimore Cem	etery	Baltimore,	Md.
	AUG 26 1371 Pale C. Valle C.	REGISTIEAR	25C. FUNERAL DIRECTO H. W. Jenk 4905 Yo	ins & Sons C rk Road Ball	ADDRESS to., Md. 21212
I	VC 150 95V 1/1/69		1 0 3		,



Such

174		BALTIMORE CITY HEALTH DEPARTMENT
71	8064	CERTIFICATE OF DEATH

REG. NO	71	-806	4
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BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO.	TE OF DEATH REG. NO. 77-8064
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
IANIOR, MAREAR W.	8/25/71 6 43 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
GEANASA Nonsing Center	E. STREET AND NUMBER
4017 L. GERTY HALTS AVE	625 W. LAFAVENE AUE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE in years if Under 1 Yr. il Under 24 Hrs. Months; Doys Hours; Min.
TO IN INDONE TO DIVORCED TO	9 /13 /02 last birthdayl. 8 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)	1.0
CUSTODIAN CONTINENTAL CAN	Viaginia 4. 2.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AND IN MARTINI	Doll W Thomas
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 214-03-2024	According to the second
18. ZZ Z CAUSE OF DEAT	MST EXL AMANDA BLACK
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	O KINALY I Know leases
	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise la lhe abave cause (A) slaling the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OI.
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of DEATH (notify medical examines)	n or obout 21 C. WHERE DID (II In Boltimore City, give exoct location) lice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Haut) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Work (APPROX.) While At Work At Work	•□ \ ,
22. I certify that (I) (this haspital) attended the deceased from	7/2/7/ 19 to 8/23/7/ 19
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased olive on 7/	
and hour and from the causes stated above. (O We (did) (did not) v	iew the body after death.
23A-E-GMAINSE	23R DATE SIGNED
DECEMBER 1	nding Med. Staff Phys. Director Phys. D
	23D. ADDRESS Calen lang & BAZS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	
REMOVAL (Specily)	10+ 3 1

150-REV. 1/1/68

25B.

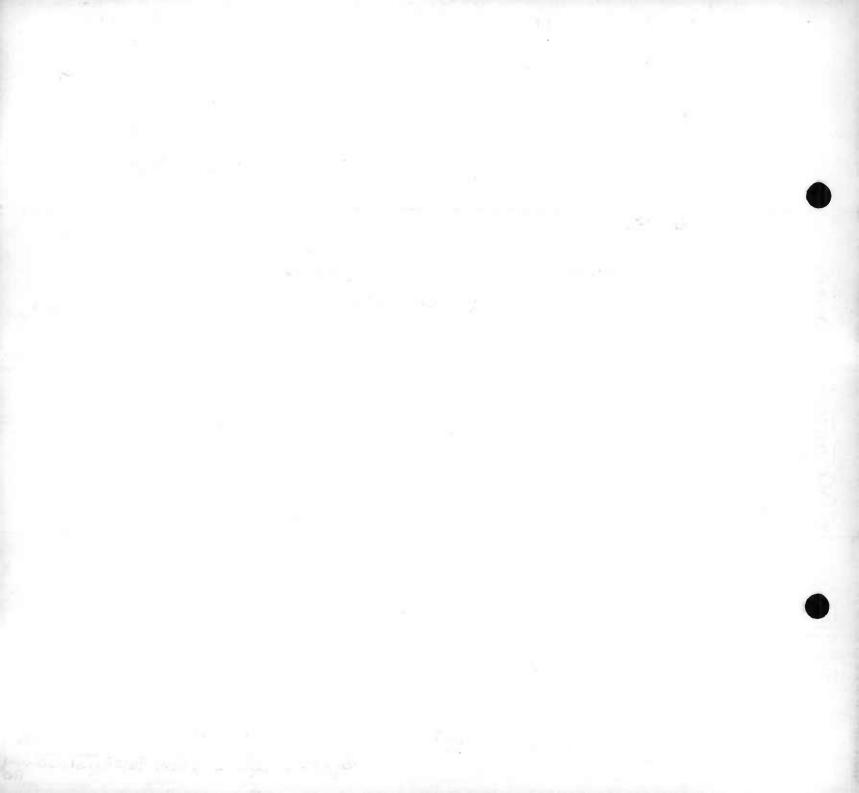
ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH August 26, 1971 M D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mrs. Margaret Walther 722 Wicklow Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location! and that In(my) (our) opinion death accurred on the date 23 B. DATE SIGNED (Stole) ICity, town, or county! Glen Burnie, Maryland ADDRESS 21228 Witzke, 1630 Edmondson Avenue



1	Vno	han 6		BALTIMORE CITY	HEALTH DEPARTMENT	1-1-1	0000		
	BIRTH NO.	71 80)66	CERTIFICA	TE OF DEATH	REG. NO.	r 80pp		
	(Type or Print) #			,	2. DATE	AND HOUR OF DEATH			
obtained before the remains are embalmed or final disposition is made.	K	FISER SI			8.2	74.71	10.4 D. M. Hilutiom residence before admission		
		IMORE MARYLAND, V	HERE PRONO!	JNCED DEAD	Ilw sivie B. COC	INIT	1 1000		
	FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	380/ FORA		21212 917		
	5/14/1	405A17AL	OF E	ALTIMORE	BALTO MA	D. INSIL	YES NO NO		
	115	INC.		, , , , , , ,	E. STREET AND NUMBER	0 1	No.		
	74				3801F	elles & T	21		
13		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Us years last birthday	Il Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.		
	, , ,	WHITE	WIDOWED[DEC.19, 1888	87	7,10,13		
	done during most of w	PATION (Give kind of wor. Orking life, even if refired)	10E KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
i.	ke				Kus	red.	U.S.A.		
305	13. FATHER'S NAM	N.E.			14. MOTHER'S MAIDEN N	AME			
is	Cha	lan			Lend				
	15. Was Deceased (Yes, na or unknown)	Ever in U. S. Armed For Ilf yes, give war or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
in in	NO			219-32-0036	mis Earl.	Leines	Same		
-	18.	XI		CAUSE OF DEATH	1	~ 14 mass C	APPROXIMATE INTERVAL		
	DISEAS	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH		
E		LEADING TO DEATH 1This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
þa	hearl jailure, a	isthenia, etc. It means dication which caused	the disease	DUE IO, OR AS A	A CONSEQUENCE OF:	ARREST			
E									
are em	DISEASES OR CONDITIONS, if any, giving (B) PENA FAI / URE UREMIN								
S	rise to the	abave cause (A)	stating the		DRY BIADDE				
ai.		11		(C)					
B	OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING						
9	A INISEASE OR CO	INDITION GIVEN IN PAR	T 1 (A).	************************			**********		
t h	HIPA. DATE OF	OPERATION 198 CON WAS PERI	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED		
ore	21A. ACCIDENT	WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., in	ar about 21C. WHERE DID	III to Boldman	Charles and he deal		
bef	DEATH Inclify	TING CAUSE OF The medical examined	home etc.)	, form, factory, street, off	ice bldg., INJURY OCCUR?	fit in Baltimore	City, give exact location)		
	21D. TIME	(Manth) (Day) (Year)	(Houd) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR			
i.	IAPPROX.)	4	While	Not While					
1. NAME OF DECEAS (Type or Print) 3. PLACE IN BALTIM FULL NAME OF HOSPITAL OR INSTITUTION 5. SEX 10A. USUAL OCCUPATION done during most of week 13. FATHER'S NAME 15. Was Deceased Ever (Yes, no or unknown) (If year) 18. DISEASE OR (ise to the dunderlying or complication of the deceased in the	hot (1) (this hospital			0 76	10 2/ . 6	. 7 / . 7/			
					- /	.19 <u>-/</u>	on death occurred an the date		
must be obtained before the remains are embalm							on death occurred an the date		
SOU	23A. SIGNATUR	E /		Caro (and hor) V	ew the body offer decin.		23 B. DATE SIGNED		
		OTUTIER K	E7		ding Med. Director	Staff Phys.	8.24.71		
00	23C. PHYSICIAN NAME (Typ	rg		OLOXEE	3D. ADDRESS	111/32	00,7		
pr	Ŧ	ELIX GUT	ERPE	2	SINA	1 403A17	· n/		
	24A. BURIAL CREM REMOVAL (Sp	ATION, 124B, DATE		ME of CEMETERY OF CRE		OCATION (City.	town, or county) (State)		
10	Bur	1 2/36	111	Legal Or	nuno	16 alte	mil		
vr.	25A, DATE REC'D I	HEALTH DEPT.	25B NAME OF	REGISTRAR	25C FUNERAL DIRECTO	Pulled	9610 Revolucion		



	H-(1) BALTIMORE CIT	TY HEALTH DEPARTMENT 71 8067
11.	71 8067 CERTIFICA	ATE OF DEATH REG. NO.
	NAME OF DECEASED	
	Type or Printl	2. DATE AND HOUR OF DEATH
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
- 11		A. STATE B. COUNTY
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	mg 2/20
02	NSIIIUIN A S	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	3)12 (myswood of	E. STREET AND NUMBER
11	0	137/2 V
5	SEX 6- RACE 7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years III Under 1 Ye.) If Under 24 Her
	WIDOWED DIVORCED	3 1902 last birthdoy) (9 Months Doys Hours Min.
l d	DA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRIBUTION MORE STREET OR ST	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	marchant	Germany USa
1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Moses	
13	Was Deceased Ever in II. S. Armed Forces	17. INFORMANT
110	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
-	18. CAUSE OF DEAT	13 ms Hola Herry Jame
	DISEASE OF COMPLETE A PROPERTY	BETWEEN ONSET AND DEATH
\parallel	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	woma d) Naucreus
	(This does not meen the made of dving an (A)MMEDIATE CA	A CONSEQUENCE OF:
	heart failure, astheria, etc. It means the disease, injury or camplication which caused death.)	A GOLDEROFICE OF:
	ANTECEDENT CAUSES	4
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	S A CONSEQUENCE OF:
	LINDERLYING CONDITION	
1	(C)	
1 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
EPTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPST? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
107	WAS FERFORVIED	IN CERTIFYING CAUSES OF DEATH?
12	OR CONTRIBUTING CAUSE OF home form foctory street	in or about 21 C. WHERE DID (If in Boltimore City, give exect focation)
N O	DEATH Inouly medical examined etc.)	
LED!	OF INJURY (Month) (Day) (Year) (Hour) 21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Not While At Work At Work	
	22. Certify tha (i) (this hospital) attended the deceased from	Still 11/2 11/2 11/2
	that (1) (we) last edw the deceased alive on 8/3	7
	and haur and from the causes stated above. (1) (We) (did) (did not)	
1	23A. SIGNATURE	238, DATE SIGNED
	14PH TRONDO AHO	anding To Med, To Shoff To
	23C. PHYSICIAN'S	s. Director Phys. 23D. ADDRESS
	NAME (Type)	200 11 6115 1 1 12 1111
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 1212 1212 1212 1212 MATORY
1	REMOVAL (Specify) 8 26/71 Chevra alex	240 LOCATION (City, fown, or county) (State)
25		s chand fandalstown Md
	AUG 27. BY HEALTH DEPT. BALL THE MALOE REPORTER	25G FUNERAL DIRECTOR ADDRESS A
	150-REV, 1/1/68	110000



Funeral Home Baltimore Maryland

Buryes

IMPORTAN

DIRECTOR:

FUNERAL

150-REV. 1/1/68

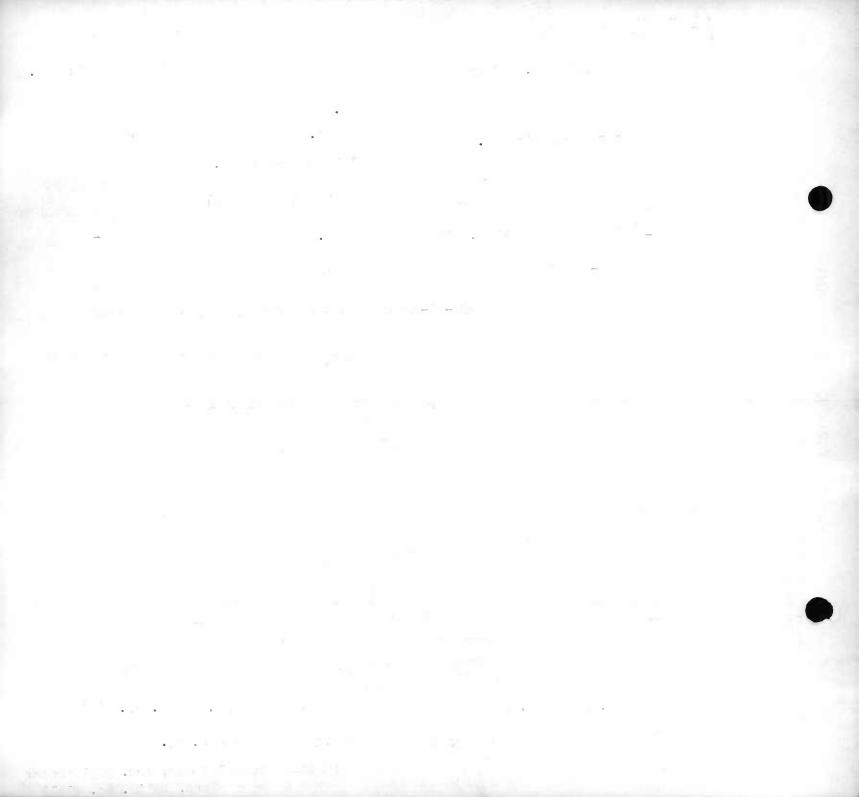


11 01	(A)		BALTIMORE CITY	HEALTH DEPARTMENT		L 8069		
BIRTH NO.	71 80)69.	CERTIFICA	TE OF DEATH	REG. NO			
Type or Print)	YICKE/ LI	Clien	DOLORES		10 HOUR OF DEATH	835 A M		
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONOL	JNCED DEAD	A STATE B COUN	re deceased lived. If in:	stitution: residence before admission)		
FULL NAME OF HOSPITAL OR INSTITUTION	OF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?		
121.5	. 11-	10.01	11/201/	10-11	ORR	YES NO		
UPI	ON ME	Modia	11 HOSPATA	Lawy Y	iew No			
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BENETH /09	9. AGE (In years lost birthday)	Months Doys Hours Min.		
F	W	WIDOWED		05-18/58/69	AD 61	# 23		
one during most o	[UPATION [Give kind of wo	KENDER KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY		
	ewife		nome	FIDEIC)	U.S.		
3. FATHER'S NA		12:	ck E/	14 MOTHER'S MAIDEN NA		ELION DESCH		
5 Was Decense	d Ever in U. S. Armed Fr	, , , , ,	1 & SOCIAL	17. INFORMANT		ADDRESS		
	d Ever in U. S. Armed Fo n) (If yes, give war et do	tes of service)	SECURITY NO.		() 1)			
no			none	Edith Nolker	(Aunt) same	APPROXIMATE INTERVAL		
DISEA	ASE OR CONDITION D	DIRECTLY	CAUSE OF DEAT		ARRES	RETWEEN ONSET AND DEATH		
	LEADING TO DEATH	•	(A) IMMEDIATE CAU	SE CORING	HIERES	1/-		
(This does	not mean the mode of asthenia, etc. it mean	of dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:				
injury or co	mplication which cause	d death.)	124	21 2 100	Y	1+ 1-		
	ANTECEDENT CAUSE	S	MARIE	RIOR MY	OCBRELIA,	reference.		
DISEASES	OR CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	2 2 5	/ hydereria.		
	he above cause (A' IG CONDITION last) stating the	m 4/2	rerio sele	10815 C	. USEC. Di SEdu		
ONDEREN	10		(Glassylvinianian					
TO THE DEA	IFICANT CONDITIONS CONTINUES TO	THE TERMINAL						
19A. DATE C	CONDITION GIVEN IN PA F OPERATION 1198 CO	ART I (A).	WHICH OPERATION	20A AUTOPSYT (Yes of N	o) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?		
	WAS PE	RPORMED		Ho	IN CERTIFYING CA	USES OF DEATH?		
OR CONTRI	ENT WAS UNDERLYING DUTINO CAUSE OF by medical examined	21 B hom etc.	PLACE OF INJURY (e.g., i e, farm, factory, street, of	or about 21 C. WHERE DID INJURY OCCUR?	(if In Baltimor	e City, give exect lecetion)		
21D.TIME	(Month) (Doy) (Yea	d (Hour 21E	INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?			
OF INJURY			ile Al D Not While	П				
		Wo			V	- 9/		
	y that (i) (this hospit				19	9 192/		
1) last saw the decea		8-29			nian death accurred an the dat		
and haur a	and haur and from the causes stated above. (1) (Ne) (did) (did nat) view the body after death.							
23A. 51GNA	Milita	uo	OL.	nding Med.	Staff Phys.	8 - 2 9 - 7/		
23C.PHYSIC NAME	ANS (Type) S A. P	PATT	1/2NS 40	23D. ADDRESS	MENIC	Did Hapita		
24A. BURIAL CI	1/-/	24C.N	AME OF CEMETERY OF CR	MATORY 24D.	LOCATION (C	ilyo lown, or county) (State)		
buria	0/	5/71 51	t. Joseph's Ce	metery	Texas, Mo	i.		
25A. PAIL REC	D. BY HEALTH DEPT	268. MAMP	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS		
AUG Z	7 19/1 /684		3 150	Schimunek Fu	neral Homes,	Inc. 3331 Brehms		
	1/68				lane	Balto. Md. 21213		



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Dal to . Md.

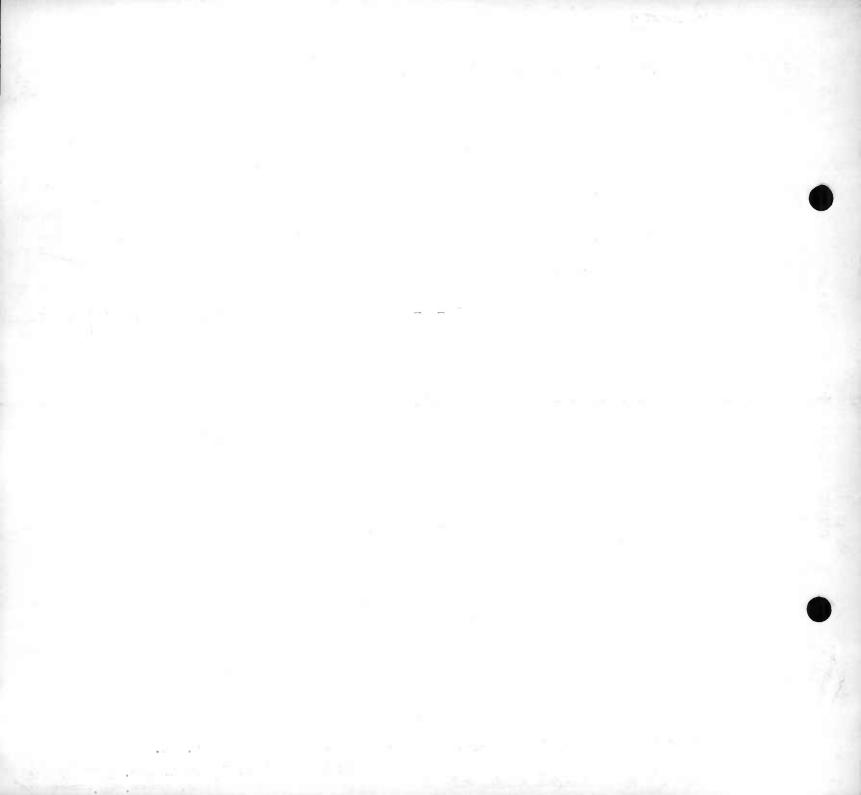


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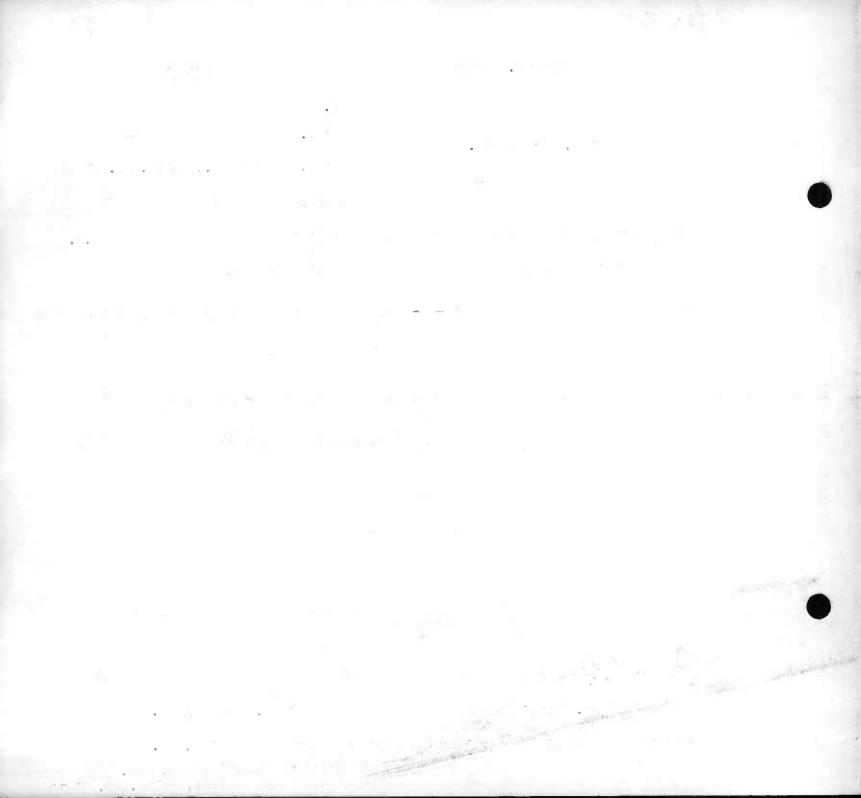
B-652	71 90	71		TY HEALTH DEF		REG. NO.	74 0	กรา
BIRTH NO.	00.	17	CERTIFIC	ATE OF I			J. C.	071
(Type or Print)	RANOW	CIZI	GIIZAA	CTII N	2 DATE AN	73 TI	1	9. T. T. A
3. PLACE IN BALTIMO	DRE MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RE	SIDENCE (When	e deceased lived. II	institution; resi	idence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	11 11 0 - 1	LAND -	- BALTIA	LORE	263
THE UN	ON MEN	LORIAL	HOSPITAL	E. STREET AT			YES 🔀	но 🗌
4-4	ACE		•		- BREN		ϵ .	
F	W.	WIDOWED		8. DATE OF B		ast birthdoy)	If Under Months D	Yr. If Under 24 Hrs Pays Hours Min.
done during most of working	ION (Give kind of working life, even if relifed)	10B, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (State or forai	gn country)	12. CITIZE	N OF WHAT COUNTR
HOUSE W	1		Canada Ca	MA	RYLAN) D .	AN	LERICAN
3. FATHER'S NAME	0	v.		14. MOTHER'S	MAIDEN NAN	A E		
GEORGE	REIF			MAR	Y BUI	RGER		
5. Was Deceased Ever fes, no ar unknown! (If y	in U. S. Armed Fores, give wor or dote	ces? s of sarvice)	1 6. SOCIAL SECURITY NO.	17. INFORM AN	NT .		A	DDRESS
no			215-07-5959	9 Vince	nt Baran	owski (hush	o (hner	ame address
18. / 6 2	/1		CAUSE OF DEA	TH		On Bar Tiraba		APPROXIMATE INTERVAL
	CONDITION DI	RECTLY		Dala		B		TWEEN ONSET AND DEAT
heart loiture, astheinjury or complica ANTE	een the mode of enia, etc. It means from which coused CEDENT CAUSES CONDITIONS, it love couse (A) ODDITION last.	deoth.)	(B) CA DUE TO, OR A	Luy. S A CONSEQUENT S A CONSEQUENT W Selews	ICE OF:	na rajaila	s dise	afo
OTHER SIGNIFICAN TO THE DEATH BU	II T CONDITIONS COI T NOT RELATED TO THE TION GIVEN IN PAR	E TERMINAL	***************************************					
OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR CONDI 19A. DATE OF OPE	RATION 19B CON	DITION FOR W	HICH OPERATION	20 A. AUTO	PSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DE	ONSIDERED ATH?
21A. ACCIDENT WOR CONTRIBUTING DEATH (notify medi	AS UNDERLYING COLOR CAUSE OF	21 B. I home etc.)	PLACE OF INJURY le-g., form, foctory, streat,	in or about 21 C. V	WHERE DID RY OCCUR?	(If to Boltimo	re City, give e	ixoct location)
	nthi (Day) (Your)	1.74	INJURY OCCURRED Not With At Work	ile [HOW DID INJU	RY OCCUR?		
22. I certify that	(1) (this haspital)	attended the	deceased from	8-2	1 19	11 to 8	-73	19 7 /
that (1) (we) last	saw the decease	d alive an	8-23	19 <u> </u>	ond tha	/		accurred an the dat
	n the causes stat	ed obave. (1)	(We) (did) (did nat)	view the bady				
23A. SIGNATURE	REPT						23B, DATE	SIGNED
alliott	V do and		DEGREE Ph	ys. 🗀 I	Med. Sirector P	hys. 🗵	8-	23-71
NAME (Type)	Tucio A.	DETO	M.D . DEGRE		INION	Memoria	AC Hos	SPITAL .
REMOVAL (Specific	ON, 24B. DATE	24C, NA/			24D. LO	CATION (C	ity, tawn, ar c	a uniy) (Stota)
burial	8/27/7	l Gar	dens of Fait	h Cemeter	У	Balto. M	d.	
Ail: 97 40		25B NAME OF	REUISTRAK	Schin	unek Fur	eral Homes	Inc.	3331 Brehms

Homes, Inc.

3331 Brehms



p-63	571 80	72		Y HEALTH DEPARTMENT	REG. NO	71 8072
BIRTH NO. 1. NAME OF DEC (Type or Print)	EASED				ND HOUR OF DEATH	1
Harry D. Barton				8/23/77		
	TIMORE MARYLAND,	WHERE PRO	ONOUNCED DEAD	A. SIATE B. COU	nere deceased lived. If	institution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 701 N. Milton Ave.				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
				Balto. YES X NO		
					701 N. Milton Ave., Balto. Md. 21205	
5. SEX	6. RACE	7. MARE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
M	W	WIDON	WED DIVORCED	5/4/85	lost birthdoyl	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of w working life, even if retire	rork 108, KINI	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUN
Retired	Millworker	Rath	ford & Sanders	Virginia		U.S.
13. FATHER'S NA		Tre. Or	Hold or Dangers	14. MOTHER'S MAIDEN NA	AME	0.5.
	William Bar	rton		Louisa Cal	vert	
15. Was Deceased Yes, no or unknown	Ever in U. S. Armed	Forces? otes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			215-05-8602	Lily Mae Ro	mans (daugh	ter) same address
(This does n	SE OR CONDITION LEADING TO DEAT of mean the made	H of dying,	(A) IMMEDIATE CA	ardiae Farly		BETWEEN ONSET AND DE
injury or com	asthenia, etc. II mea aplication which cous ANTECEDENT CAUS	ed death.) ES	arteres	schrote Hea	Disease	- 5ps.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.				Visal fure my	beten	4days.
OTHER SIGNIF	II ICANI CONDITIONS C H BUT NOT RELATED TO ONDITION GIVEN IN P	THE TERMIN	NG IAL	***************************************	******************************	
	OPERATION 198. CO		OR WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
On CONTRACTOR	IT WAS UNDERLYING ITING CAUSE OF medical examinei		21B. PLACE OF INJURY (e.g., home, form; loctory, street, cetc.)	In or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(II In Baltime	ore City, give exact location)
DEATH (notify DEATH (notify 21D-TIME OF INJURY (APPROX.)	(Month) Doy) (Yes		21E INJURY OCCURRED While At Not Whi Work At Work		JURY OCCUR?	
	that (I) (this hospit last saw the decea		on Auc 2	20 20 and t	19 11 to Qu	
			*	view the body after death.	•	thion death occurred on the d
23A. SIGNATU				/		23B, DATE SIGNED
m	al Kore	2	n DEGREE Phy	ending Med.	Staff Phys.	8/201
236 PHYSICIA NAME IT	N'S ypel	/	DEGREE	23D. ADDRESS		1-1411
044 0115	Dr. I	srael F	Rosen DEGREE	2413 E	. Monument	
REMOVAL (MATION, 248. DATE	240	C. NAME el CEMETERY of CR	EMATORY 24D. 1	LOCATION IC	ity, town, or county) (State)
burial	8/26/		Moreland Memori		Balto. 1	
AUG 2	7 1971 Rab		aber M.D.	25C, FUNERAL DIRECTO Schimunek F	uneral Home	ADDRESS 5, Inc. 3331 Brehm
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HACKLEY. NELSON DELMONT AUGUST 19 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE & COUNTY FULL NAME OF HOSPITAL OR INSTITUTION HOWARD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? ST AGNES HOSPITAL SAVAGE YES NO X E. STREET AND NUMBER 8846 WASHINGTON STREET 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE Un years if Under 1 Yr. Months! Days if Under 24 Hrs. Haurs lost birthdoyl MALF WHITE WIDOWED 03/21/17 54 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CARPENTER MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRED HACKLEY MARGARET DUVALL 15. Was Deceased Ever in U. S. Armed Force? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL WILKENS AVES BALTO MD SECURITY NO. 215-01-7732ST YES HOSPITAL'S RECORDS AGNES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving OR AS A CONSEQUENCE la the above cause (A) slaling the UNDERLYING CONDITION last Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21A. A CCIDENT WAS UNDERLYING TO CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined) 21 D. TIME (Month) (Doy) (Yeoi) (Hour 21 L INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work 22. I certify that XIX(this haspital) attended the deceased fram. AUGUS AUGUST 23 71 and that In (ny) (our) apinian death occurred an the date that (X) (we) last saw the deceased alive an_ and have and from the causes stated above. (X) (We) (dld) (4/4/1/6/1) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. 08/23/71 Director 23C. PHYSICIAN'S AGNES HOSPITAL NAME (Type) WILKENS & CATON AVES VALARAO 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REST LAWN GARDENS ALLO ON COM TO A 25C. FUNERAL DIRECTOR PUREL FUNSRAL VS 150-REV. 1/1/68

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The body was released	shows: (1) An accident	was D.O.A. at a hospite	deceased prior to death	written approval must be obtained before the remains are embalmed or final disposition is made.	
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CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED 1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH AUGUST 25. 1971 4: 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF OF DEATH AUGUST 25. 1971 4: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence R. COUNTY MARY LAND BALTIMORE COUNTY MARY LAND BALTIMORE COUNTY MARY LAND BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE PES DESTREET AND NUMBER 1824 WINANS AVENUE 21227 5. SEX G. RACE FEMALE WHITE WIDOWED DIVORCED 10A, USUAL RESIDENCE (Where deceased lived, If institution; residence R. COUNTY MARY LAND BALTIMORE COUNTY BALTIMORE P. AGE (In years lost birthday) 10 AGE (In years lost birthday) 10 AUGUST 176. Months: Doys of Deceased lived, In institution; residence A. STATE B. COUNTY MARY LAND BALTIMORE P. AGE (In years lost birthday) 10 AUGUST 176. Months: Doys of Deceased lived, In institution; residence A. STATE B. COUNTY MARY LAND BALTIMORE P. AGE (In years lost birthday) 10 AUGUST 176. Months: Doys of Deceased lived, In institution; residence A. STATE B. COUNTY MARY LAND BALTIMORE P. AGE (In years lost birthday) 10 AUGUST 25. 1971 4: A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY MARY LAND BALTIMORE P. AGE (In years lost birthday) 10 AUGUST 176. Months: Doys in the County of Deceased lived, In institution; residence A. STATE B. COUNTY MARY LAND BALTIMORE BALTIMORE B. DATE OF BIRTH 10 BALTIMORE 11 16 87 B. DATE OF BIRTH 12. CITIZEN OF VIOLENCE COUNTY 13 BIRTHPLACE (State or foreign country) 14: 15 CITY OR TOWN B. DATE OF DEATH A. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY BALTIMORE A. STATE B. DATE OF DEATH A. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY B. USUAL RESIDENCE (Where deceas	35 A before admission TY
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118. / / CAUSE OF DEATH	CHATE INTERVAL
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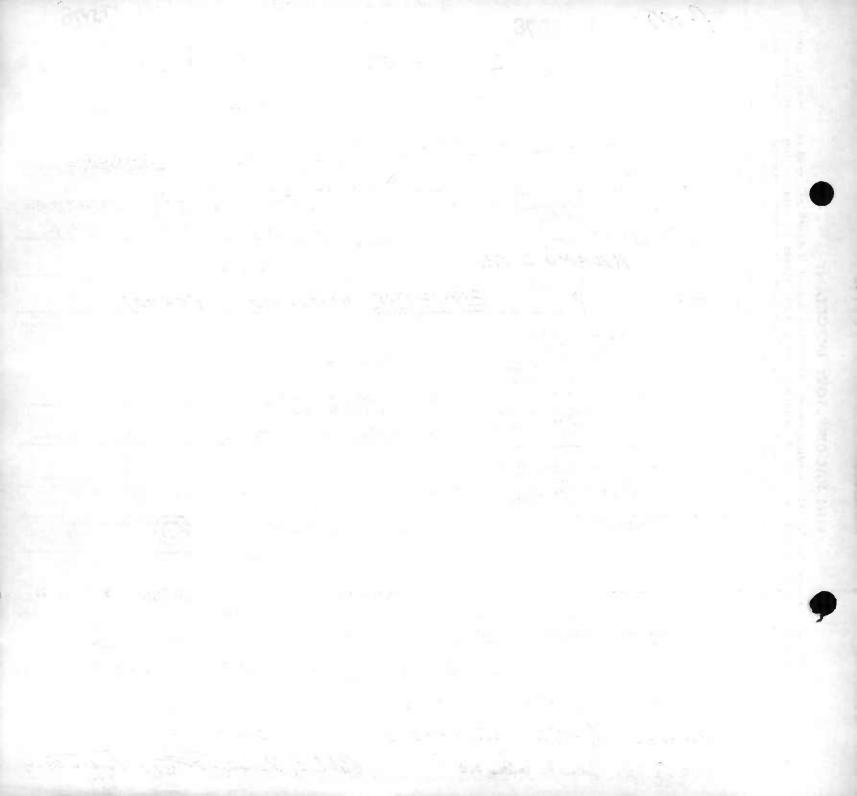
Howard H. Hubbard, 4107 Wilkens Ave. 21229

If Under 24 Hrs. Hours



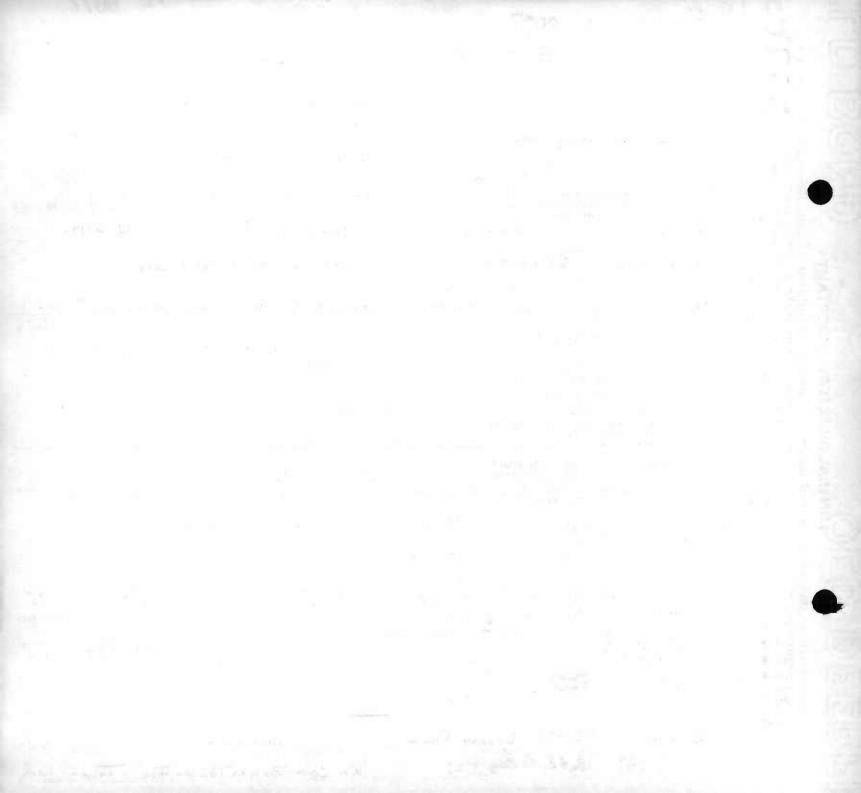
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0.00	BALTIMORE CITY	HEALTH DEPARTMENT		17/4 ODBC
51 8076	CERTIFICA	TE OF DEATH	REG. NO.	/1 8076
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Type or Print ROLAND L	ROE 5	1, NO	UST 25	7/12:22 D. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	A. STATE B. COU	ere deceased lived, If In	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAND C. CITY OR TOWN	In the	1348
INSTITUTION		BALTIMO		DE CITY LIMITS?
UNION MEMORIAL HOS	SPITAL	E. STREET AND NUMBER	POOLE	CTOTAL
5. SEK 6. RACE 7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE Un years	If Under 1 Ys., II Under 24 Hrs.
M WHITE WIDOWED	DIVORCED	07-26-22	lost birthdoyl	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF Bidone during most of working life, even if selfred)	USINESS OR INDUSTRY	11. BIRTHPLACE ISlate at for	eign country)	12 CITIZEN OF WHAT COUNTRY
PAINTER		MARYLANT		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
ROLAND L. SR.		MAR	THA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) lif yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
VES 2	06-10-8/33	D. MARTHA PO	E CSA	ME)
18. 5 7/1 9	CAUSE OF DEATH	. 4 .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	UREMIC	COMA + HEPA	TTIC COM	
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE		
heart failure, asthenia, etc. Il means the disease, injury ar complication which caused death.)	DUE 10, OK AS A	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	A comment	OTHER TON	10-16-T	al a bi
DISEASES OR CONDITIONS, if any, giving	(B) FACO TO	RENAL FAIL	OKE TOT	PIPPONING
rise to the above cause (A) stating the		osis + HEPA		
UNDERLYING CONDITION lost	(c) CHRITIC	713 4 116 IE	A TOMA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 17A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 21B. FILE 21B. FILE	ICH OPERATION	20A-AUTOPSYR (Yes at N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
. OR CONTRIBUTING CAUSE OF home.	ACE OF INJURY In.g., in form, foctory, street, of	or obout 21 C. WHERE DID	(II to Boltimor	e City, give exect location)
S DEATH (notify medical examined etc.)				
W OF INJURY	NJURY OCCURRED	21f. HOW DID IN	HURY OCCURT	
(APPROX.) While Wark	At Work			la .
22. I certify that (i) (this hospital) attended the		160ST 15	19 1 to 00	OUST 25 19 //
that (1) (we) last saw the deceased alive an	U60ST 25	19 71 ond t	hat in (my) (our) opi	nion death occurred on the date
and hour and fram the causes stated above. (1)	(We) (did) (did not) v	lew the bady after death.	•	
23A, SIGNATURE		-t	CA-ST STORE	238, DATE SIGNED
Je W	NTE RADEGREE Phys		Stoff Phys.	AUGUST 25.71
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	II MOII	
CESAR VILLARAN.	INTERADEGREE			
REMOVAL [Specify]	AE of CEMETERY or CRE		_	ty, town, or county) (State)
2-11/10	MARY 'S		BALTG MO.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C FUNERAL DIRECTO	R Strol	HOOMES
AUG 27 1971 Page & Lake 1	¢.D.	Vancz, Co	nower 36	13 Chestruly 2,
VS 150-REV. 1/1/68	1 5 4	1 23 23 2	1 9	



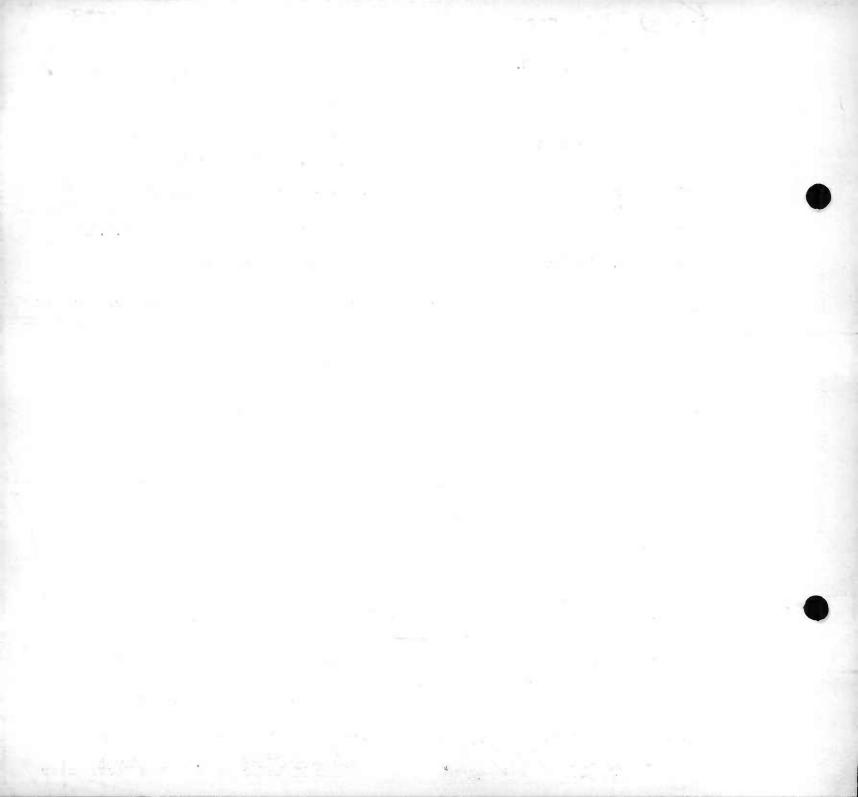
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	/ , =	BALTIMORE CITY	HEALTH DEPARTMENT	×	1 8077
	1NO. 71 8077.	CERTIFICA	TE OF DEATH	REG. NO	
	on Print Alice E. H	pader	2. DATE IN	D HOUR OF DEATH	1 45/0
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il	institution: rasidence befare admission)
HOS	NAME OF (IF NOT IN HOSPITAL OR IN PITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Mary Land C. CITY OR TOWN	BALTIMORE	SIDE CITY LIMITS?
1	C Nossital		TOWSON		YES NO
6	Sinai Hospital		E. STREET AND NUMBER	a R8.	
S. SE	X 6. RACE 7. MARI	IED NEVER MARRIED		9. AGE (In years	II Under 1 Yr. , II Under 24 Hrs.
Fer	MALE CAUCASIAN WIDOW			lost birthday)	Months Days Haurs Min.
	ISUAL OCCUPATION (Give kind of work 108, KIN)		12-26-1904	(46)	12. CITIZEN OF WHAT COUNTRY
lone d	during most of working life, even if retired)			A THE STATE OF	
	ouse with ou	in home	MARYLAND		U.S.A.
3. FA	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
_	WILLIAM BEAZLI	t .		NN WILS	50N
	as Deceased Ever in U.S. Armed Forces? to or unknown) (If yes, give war ar doles of servi	SECURITY NO.	17. INFORMANT	0 =	ADDRESS
	Ō	1216-40-1162		ROPENEUE C	DAME AS 132
16	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1 + 11	,17	APPROXIMATE INTERVAL BETWEEN ONSEYAND DEATH
	LEADING TO DEATH This does not mean the mode of dying,	(A) IMMEDIATE CAU		condin IN	tendred 7 my 3
_ / h	eart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		
10	njury ar camplication which caused death.)	//	1		
	ANTECEDENT CAUSES	Hylate	MINE Con GOVACO	Ulm Brs	esec (1.
0	DISEASES OR CONDITIONS, If any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	7,7,0	J. J. J. J.
n	se to the above cause (A) stating	the			
0	INDERLYING CONDITION last	(c)		 	
-	11		1		
ATION	THER SIGNIFICANT CONDITIONS CONTRIBUTED THE DEATH BUT NOT RELATED TO THE TERMIN	NG H	Estem		
	ISEASE OR CONDITION GIVEN IN PART I (A).			***************************************	
	A DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
D O D	A. ACCIDENT WAS UNDERLYING TO RECONTRIBUTING CAUSE OF EATH (notify medical examined)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID	(If in Baltimos	re City, give exact location)
21	D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY O C CUR?	
5 10	F INJURY	While At Nat While			
		Work At Wark	CA		
22	2. I certify that (1) (this hospital) attended		7 7	9 7 / ta	S/ 25 19 7/
th	at (1) (we) last saw the decease alive of	on 81 4 /3		it in (my) (our) opi	Inlon death accurred on the date
ar	nd haus and from the couses stated above	Att (We) (did) blid	aw the hady after death		, /
	A. SIGNATURE	(1) (110) (010) (010 1101) (1	ew the body diter deaths		23B, DATE SIGNED
	(oh)	Atter	iding Med. [7]	Shoff ISO	25/7/
200	fay	DEGREE Phys.	Director 1	Staff Phys.	10/1/
23	C. PHYSICIAN'S NAME (Type)	/	3D. ADDRESS		, , ,
	1 - 6	DECOSE			
4A.	BURIAL CREMATION, 248. DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CRE	VIATORY 24D. LO	CATION (C	ity, town, ar caunty! (State)
-	0.2.2.	1 0			
5A. 1	SURIAL 8-30-71 L	OUDON PARK	13alt	imork	ud
Al	16 27 1971 RASE 21	IE OF REGISTRAR	Wm . COOK - BRO	oke Tamera	ADDRESS The Touson red
\$ 150	0-REV. 1/1/68		THE COLDE WORLD	I OWSDIA	THE THE THE



a hospital and

Vilad me		BALTIMORE CITY	HEALTH DEPARTMENT		EN COMP
BIRTH NO. /1	8078	CERTIFICA	TE OF DEATH	REG. NO.	71 8070
T. NAME OF DECEASED (Type or Print)	AH C. L	(ELL	2. DATE	AND HOUR OF DEATH	1/2/ 1245
3. PLACE IN BALTIMORE, MARY FULL NAME OF HOSPITAL OR ADDRESS INSTITUTION	LAND, WHERE PRONOL HOSPITAL OR INSTITUTE OR LOCATION!		4. USUAL RESIDENCE (V A. STATE B. CO Maryland C. CITY OR TOWN	UNTY	institution: residence before admission)
Gould Convales	arium		Baltimore E. STREET AND NUMBER 1218 N. Cha	R	YES X NO .
5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min.
Female Mhite	WIDOWED		April 28 1922	lost birthday	Months Days Hours Min.
10A. USUAL OCCUPATION (Give ki done during most of working life, even Housewife	nd of work 108, KIND OF if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	areign country)	U.S.A.
Norman C. Lo	vill		14. MOTHER'S MAIDEN N Katherine	Thompson	
15. Was Deceased Ever in U. S. A (Yes, no ar unknown) Uf yes, give we NO	med Ferces? Or or dales of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Mamie Rob	ertson West	minster, Maryland
	Il means the disease, caused death.) CAUSES NS, if any, giving se (A) stating the lost. DNS CONTRIBUTING TED TO THE TERMINAL N IN PART 1 (A). 98. CONDITION FOR WAS PERFORMED		A CONSEQUENCE OF: 20 A. AUTOPSYZ (Yes at	IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
. OR CONTRIBUTING CAUSE	elc.)	, farm, factory, street, aff	at about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Baltima	are City, give exect location)
DEATH (notify medical examin-		e At At Wark	21F. HOW DID I	NJURY OCCUR?	/ /
22. I certify that (I) (this.) that (I) (we) last saw the		0/	20/19 21 and	19 7 to that in (my) (497) an	8/22/197/
and have and from the cau	ses stated above. (1)				amen death accounted all the date
23A. SIGNATURE	Budly	1	ding Med.	Staff Phys.	238, DATE SIGNED / 7/
23C. PHYSICIAN'S NAME (Type)	RT B. L		sd. Address 6116 Belair Rd	, Baltimobe,	Maryland
24A. BURIAL CREMATION, 24B. 1 REMOVAL (Specify)		ME OF CEMETERY OF CRE			City, tawn, ar county! (Stotel
		dy Mount Cemet		nksburg	Maryland
AUG 27: 1971 VS 150-REV. 1/1/68	Ber E. Jabe		Thomas Dieto	her Funeral	in Street Home Westminster



ORTANT	assistant if death occurred in a hospital and if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased ed death was in regular attendance on the dance on the deceased prior to death. Such or final disposition is made.	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certificate must be the body was released shows: (1) An accident o was D.O.A. at a hospita deceased prior to death written approval must be	

R-140 71 8079		HEALTH DEPARTMENT	REG. NO.	71 8079
I. NAME OF DECEASED	CERTIFICA		AND HOUR OF DEATH	
AGNES NUPOLE		AUG	Rust 23, 19	77/110'DP
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COT	here deceased lived If inst	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	ION, GIVE STREET	C. CITY OR TOWN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Md. 604
190		BALTO N		YES NO T
HARbOR VIEW NURS	ing Home	E. STREET AND NUMBER	213 Ligh	t. StreFt
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOWED [2	DIVORCED	4/15/96	1/2	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY		reign country!	12. CITIZEN OF WHAT COUNTRY
SAles LAN		ML	-	216
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
GEORGE Sahlam		Bunga	unklan	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dates of service)	4 SOCIAL	17. INFORMANT	9RII NAK	ADDRESS
yes, give wor of unless of services	SECURITY NO. 898	87 Frederick	G. Ruppel 123	E Audrey Ave 25
18.4-19 (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	CAUSE OF DEATH		3. 11.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	719		0 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	A) IMMEDIATE CAU	Carefine	War file	1 >
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disease.	DUE TO, OR AS	CONSEQUENCE OF:		
injury at complication which caused death.)	73	1		
ANTECEDENT CAUSES	38	436105		Clears.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF		4
rise la lha above couse IA) slaling the UNDERLYING CONDITION last.	No. (14)	cheral (14)	4CO.	V
CHECKETHES CONDITION IGER	M(c) 000	- 10 00 00 00		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	FX	Public Bo	oue, LT	: 3mo.
	ICE OPERATION	20A. AUTOPSY? (Yes or h	10) 20% IF YES, WERE FIN	IDINGS CONSIDERED
2 0			IN CERTIFYING CAUS	ES OF DEATH?
	form, lactory, street, all	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	111 11	City, give exact location)
	JURY OCCURRED	21F. HOW DID IN		
(APPROX.) G-11-71 P While Wark	At Wark	₩ ? 7ell.		
22. I certify that (i) (this hospital) attended the		6 2-2	10 0	12 10 71
	7/23	19 7 /and t	hot in (mv) (own) coinid	on death occurred on the date
and hour and from the causes stated above. (1) (1	We) (did) (did not) vi		intinit tool opinit	and occorred on the date
23A. SIGNATURE		on the body offer deaths		38, DATE SIGNED
Lewell Trulevi	Atten Phys.	Director L.	Staff Phys.	8/24/71
23C. PHYSICIANS NAME (Typo) Kenneth Krul	EVITZ DEGREE	115 Wz	t Monu	ment ST.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	E of CEMETERY OF CREA			tawn, at county) (State)
	Redeemer Cer	netery Be	air Road. Ba	to Md. 21206
AUG 27 1971 Paber 4. Jackey	LEGISTRAR	25C. FUNERAL DIRECTO Mc ullu Fune	enal Home 237	Patapsco Tve 25
VS 150-REV. 1/1/68		21 ~ 70		

618 N. Castle St. Adm. 6/25/71.

VS 150-REV. 1/1/68

Such

R-300 71 0000		HEALTH DEPARTMENT	REG. NO. 1	8080
BIRTH NO. 1. NAME OF DECEASED (Type or Panil) RAIDY, James Stanley	CERTIFICA	2. DATE AN	D HOUR OF DEATH	11:15 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	re deceased lived. It in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Maryland c. CITY OR TOWN		DE CITY LIMITS?
Veterans Administration	Hospital	Baltimore		YES Y NO
3900 Loch Raven Bouleva	_	Baltimore E. STREET AND NUMBER		
Baltimore, Maryland 212		1125 Batt		
Male White WIDOWED	DIVORCED X	6/16/20	9. AGE (In years last birthdoy) 51	11 Under 1 Yr. 11 Under 24 Hrs. Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BL	SINESS OR INDUSTRY	1. BIRTHPLACE (State or lorei	gn country!	12. CITIZEN OF WHAT COUNTRY
Laborer		Baltimore,	Marvland	USA
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	ME	0004
David Raidy		Mathra Lowe:		
5. Was Deceased Ever in U. S. Armed Forces? Yes,na ar unknawn (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	7. INFORMANT VA Hospital	Records	ADDRESS
	216-07-8248	3900 Loch Ra	ven Blvd. H	Balto, Md 21218
18. 009,11	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY				
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUS		enteritis	l day
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE 10, OR AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	Blee	ding esophageal	wani ess	
DISEASES OR CONDITIONS, if any, giving		CONSEQUENCE OF:	Agrifegg	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Cirrl	nosis of liver		
	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	***************************************	######################################	**********************	
198. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No Yes	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH? YES
	ACE OF INJURY (e.g., in form, foctory, street, office	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimore	e City, give exoct location;
21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROXI	At Work			
22. I certify that (1) (this haspital) attended the		gust 4th	9 71 Augus	t 23rd 19 71
that \$1) (we) last saw the deceased alive an	August 23td	19 71 and the	at in (shat) (que) apir	ion death accurred on the date
and haur and from the causes stated above. (V	(did) (did dolyvie	ew the bady after death.	47.	
23A. SIGNATURE				23B, DATE SIGNED
Marvew & Dorden	Aftend Phys.	ding Med.	Stoff Phys.	8/25/71
23C. PHYSICIAM'S NAME (Type)	GEOKEE!		h Raven Bou	
MARVIN J GORDÓN, M.D.			e, Maryland	
	E of CEMETERY OF CREM			y, town, or county) (Stotel
	athedral (em	etery Ba	ltimore, Ma	ryland
254 DATE RECIP BY HEALTH DEPT. 258 NAME OF F	EGISTRAR	25C. FUNERAL DIRECTOR	120	East Fort Ave.
AUG 27 1971 (labout & Jackey A	5000	No uply Funera	I Home Bal	to., Md. 21230

 Such

hospital and of death

cause; (5) Deceased attendance on the death.

regular

death

fracture of any pronounced

nature;

deceased prior to death)

at a hospital

was D.O.A. shows: (1)

This certificate must be the body was released

cause

-					REG. NO.	1 1 1	to the state of the
IRTH NO.	0 71 8	3082	CERTIFICA	TE OF DEATH		11	8082
NAME OF DEC	Loui	s I. 3	Bucken	2. DATE A	Of DEATH		47:30 K
PLACE IN BAI	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	A STATE B. COU	nore deceased lived, If i	nstitution: resi	dence before admission
FULL NAME OF HOSPITAL OR HISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	MARY LAND C. CITY OR TOWN	BALTO	IDE CITY LIM	5300 ms?
SINAI H	HOSPITAL			BALTIMORE E. STREET AND NUMBER		YES	№ □
Tox				20 WARREN PA	ARK DRIVE		
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under I	Yr. If Under 24 Hr
MALE	WHITE	WIDOWED	DIVORCED	JULY 15, 1912			
		108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	teign country)	12, CITIZE	N OF WHAT COUNTE
MANAGI	working life, even if refired) FR	RETAI	Τ.	PHILADELPHI	A. PENNSYLVA	NIA	USA
3. FATHER'S NA		- ROTAL		14. MOTHER'S MAIDEN NA		11471	OON
SAMILET	ZUCKER			ANNA	?		
	Ever in U. S. Armed Fo.	mas?	I & SOCIAL	17. INFORMANT	•		ADDRESS.
es, na or unknown	a) (If yes, give war or dak	es of service)	SECURITY NO.				
NO			213-03-1614	MR.& MRS. CHAI!	M KORNBLATT,	9006 H	IAMOR RD. #21
(This does	not mean the mode of	dying e.g.	DUE TO OR AS	A CONSEQUENCE OF	1		
DISEASES (ise to the UNDERLYIN) OTHER SIGNII TO THE DEAL DISEASE OR CONTRIBUTION C	asthenia, etc. it means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) is CONDITION last. II FICANT CONDITION S CONTINUE CONDITION GIVEN IN PAIR FOREATION 1198 CONTINUE CONDITION 1198 CONTINUE CONDITION 1198 CONTINUE CONT	eny, giving slating the Stating the Statin	(6) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., larm, lactory, street, or lactory, stree	a CONSEQUENCE OF: 20 A. AUTOPSYT (Yes or It is not about 21 C. WHERE DID frice bidg., INJURY OCCUR?)	IN CERTIFYING CA	FINDINGS C LUSES OF DE	4
DISEASES (ise to the UNDERLYIN) OTHER SIGNII TO THE DEAL DISEASE OR CONTRIBUTION C	asthenia, etc. it means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if it above cause (A) G CONDITION last. FICANT CONDITION S CO. THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAIF OPERATION 1978. TO WAS FEI	eny, giving slafing the Sharing the Sharin	(E) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., larm, lactory, street, or other parts)	20A AUTOPST? (Yes or In or about 21C, WHERE DID ffice bidge INJURY OCCUR?	(If In Boltimo		4
DISEASES (ise to th UNDERLYIN OTHER SIGNII TO THE DEA DISEASE OR (19 A. DATE OF DEATH (notif) OF INJURY (APPROX.)	gatheria, etc. it means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if it above cause (A) is condition last. FICANT CONDITION S CONTINUE CONDITION GIVEN IN PAIR CONDITION GIVEN IN PAIR FOPERATION 198. CONDITION GIVEN IN PAIR FOR THE CONDITION GIVEN GIVE	eny, giving slating the Sharing the Sharin	(8) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (a.g., ine, farm, factory, street, or	20 A. AUTOPST? (Yes or I	(If In Boltimo	re City, give	4
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VS 151-REV. 1/1/68

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24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

Mt. Abburn Com.

25C. FUNERAL DIRECTOR

Charles A.

24D, LOCATION (City, town, or county)

Rice

Baltimore, Maryland

ADDRESS

661 W. Barre St.

NAME (Type)
24A. BURIAL CREMATION, | 24B. DATE

Burial | 5/

8/28/

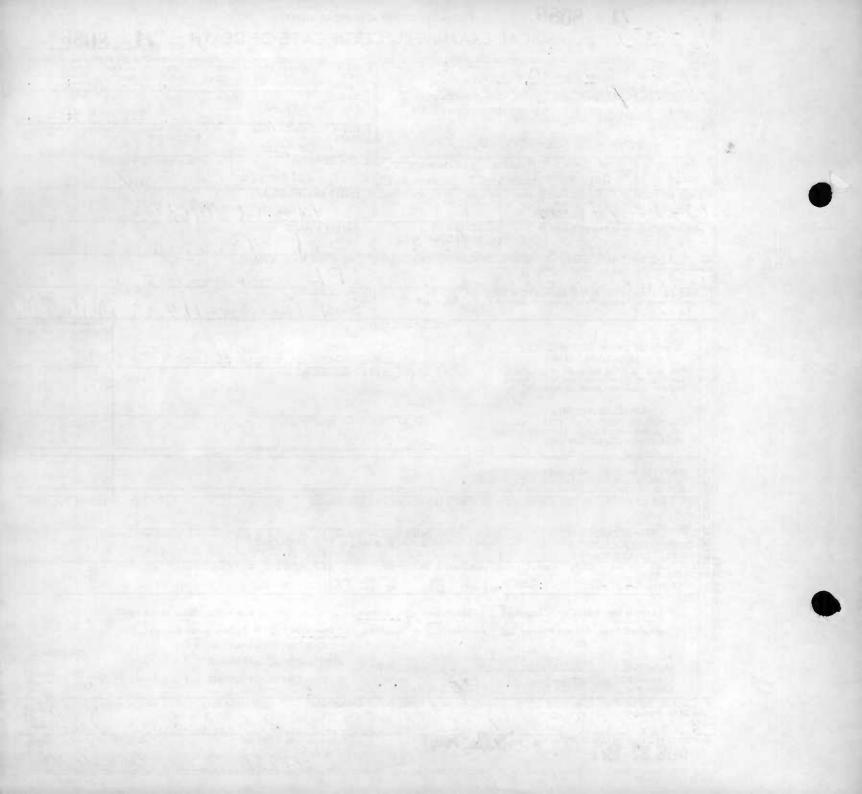
Robert E

REMOVAL (Specify)

VS 151-REV. 1/1/68

Letter from M.E.'s office 9-22-71 M.H.

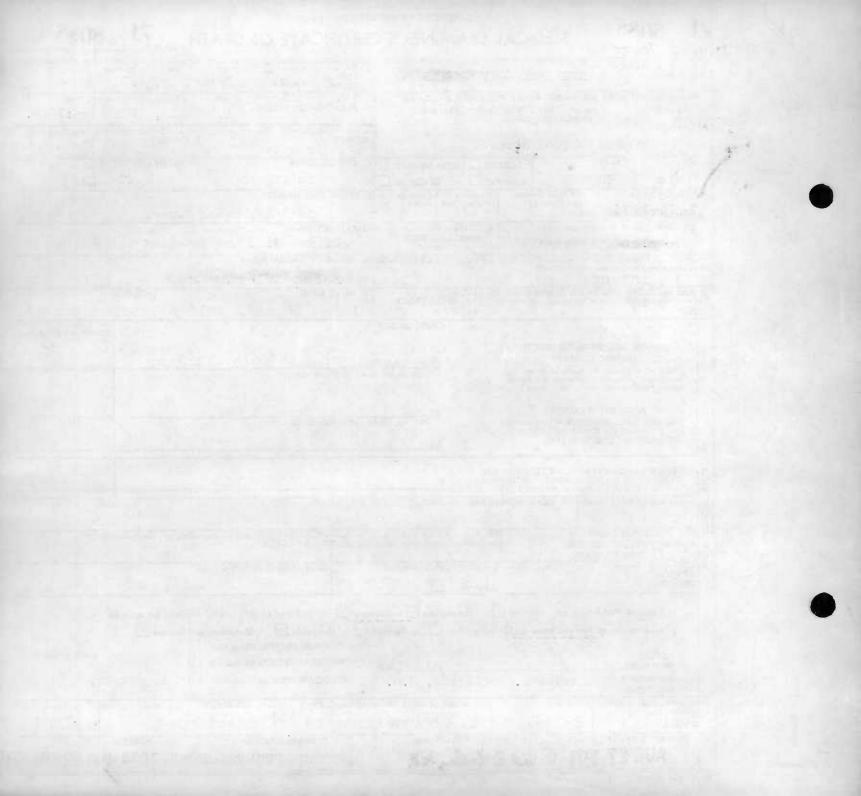
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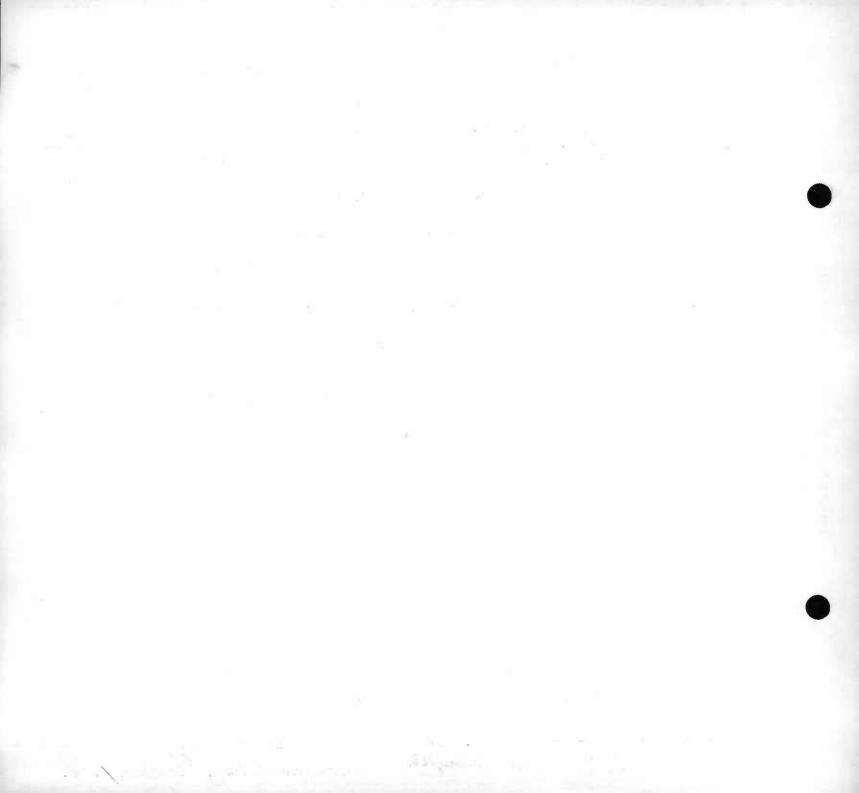
23-01-03 dis		ATE OF DEATH REG. NO.	1 8087
0 0 0	(Type or Print) Johnson, BG (for tha)	2. DATE AND HOUR OF DEATH	. /. 142
spito of Of Ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission
cause of d ses; (5) Dece endance on to death.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	Maryland	2846 DE CITY LIMITS?
にあるます	Baltimore City Hospitals	E. STREET AND NUMBER	YES NO
F 5 0 0 0	1910 Eastern Avenue Baltimorek Maryland	801 Wicklow Road 2122	
th occurred contribution letermined contribution regular a eccased price on is made.	Remaile Never MARRIED NEVER MARRIED WIDOWED DIVORCED TO A. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTR	8/18/7/ last birinday)	If Under 1 Yr. If Under 24 Hrs. Months Doys
# - P - P - O	done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
d to see	13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
F := 1 × + 1 × + 1 × + 1 × × × × × × × × × ×		Sandra Johnson	
stant stant e di ind; eath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Ssistanthe of kind deat	SECURITY NO.	4940 Eastern	
po if any ced or f	18. 778.21 CAUSE OF DEA	TH PCH: Records Baltimore, M	APPROXIMATE INTERVAL
E - 0 0 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P 1 / .	BETWEEN ONSET AND DEATH
- od en en	(This does not meen the made of dving, e.g. (A)IMMEDIATE CA	JUSE Pulmonary Hemorrha	pe
miner. fracture o pror embal	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	de la constantination	
	ANTECEDENT CAUSES	aturity	
Xan Xan Xan Wh Wh	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	S A CONSEQUENCE OF:	
ical excal e	UNDERLYING CONDITION lost (c).	······································	
- Pin Fis ≯ E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
Sie a bo dist	WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
- 5-09-4	OR CONTRIBUTING CAUSE OF	in or obout 21 C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	Clly, give exoct locotion)
ne (6)	DEATH Inotify medical examines etc.) DEATH Inotify medical examines etc.)	21F. HOW DID INJURY OCCUR?	
pprovent the head any ne (except and cobtain obtain	22. I certify that (I) (this hospital) attended the deceased fram	8/18	Let
0 00	that (1) (we) last saw the deceased alive an 12.43 Am	8/21/19 7/ and that In (my) (aux) and all	an doub account Al- 1-4-
be a to troit it all it all ath)	and haur and from the causes stated above. (1) (We) (dld) (dld not)	view the bady after death.	on death accurred on the date
eased to dent of nospital must be	23A, SIGNATURE		3R DATE SIGNED
E O U D O D	DECESE Phy	ending Med. Staff Phys.	August 24, 1971
was r An a L at prior	NAME (Type) Thoma Haffma	Baltimore City Hospitals	21221
EASOBB	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		town, or county (Stole)
Ws: Ws: D. D.	Cremation 8-25-71 Baltimore City		yland 21224
This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUN MOSPITAL DISPOS	AT. ADDRESS
4 4 5 4 5	AUG 27 1971 Pale & Falley M.D.	HOBILIAL DISTOR	



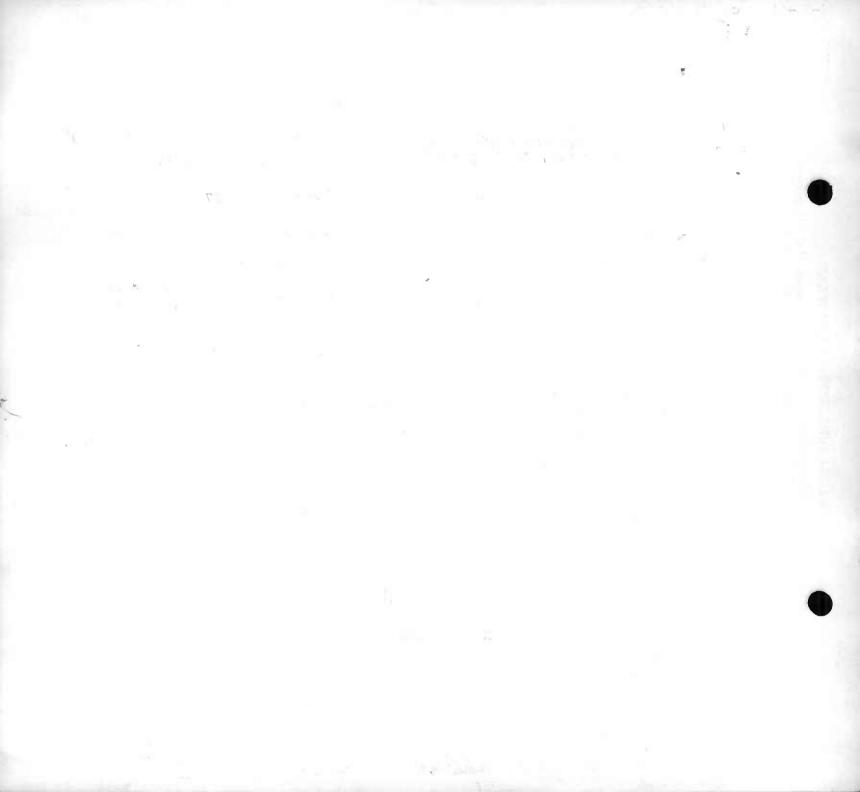
1 8088 BIRTH NO. 71-1508 4	MED	ICAL I	EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 8088	
. NAME OF DECEASED	BRYAN A	ANTHONY	POWLING	2. DATE Known Month Day Year Hour OF DEATH Estimated August 26, 1971	
OSPITAL ADDRE		L OR INSTITU	TION, GIVE STREET	3. DATE Month Day Yeor Hour August 26, 1971 8:1	
1815 Ashl	ourton	Street		S. USUAL RESIDENCE (Where deceased lived, if Institution: residence before add. STATE Maryland Maryland	Dission)
. SEX 7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male Negr		WIDOWED		153 - 140 -	
7-25-1971	10. AGE (In lost birthdo)		Under 1 Yr. II Under 24 Hrs. onths: Days Hours Min.	. IE. STREET AND NUMBER	
i, BIRTHPLACE (Stote or foreign Maryland	n country)	12,	CITIZEN OF WHAT COUNTRY?	Bruce William Rowling	
	kind of work	48. KIND O	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
infant	en a renrea)			Karen Deloris Gray	
L WAS DECEASED EVER IN Les, no or unknown) (II yes, give w	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
NO 19.			02001111101	Gladys Cornell 1815 Ashburton Str	reet
(This does not meen the heart failure, esthenia, etc. injury or complication which injury or complication which injury	CAUSES ONS, IF ANY, ISE (A) STAT ON LAST. II	GIVING ING THE ONTRIBUTING THE TERMINA	(c)	AS A CONSEQUENCE OF:	
20A. DATE OF OPERATION			R WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes	or No)
22A. EXTERNAL CAUSE V UNDERLYING OR CONT UTING CAUSE OF DEAT 22D. TIME (Month) (DO OF INJURY (APPROX.)	RIB- TH.	(Hour)	22E.INJURY OCCURRED. WHILE AT NOT	In or obout 22C. WHERE DID (If in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	-
I certify that I he		es X	inspection Aut	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
4A. BURIAL CREMATION, 24	narles	2	ringate, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER AUgust 26, 197 OF CREMATORY 24D. LOCATION (City, lown, or county) (Sit	1
ACTUAL SIGNATURE EXAMINER'S CH NAME (Type) 4A. BURIAL CREMATION, 24 EMOVAL (Specify)	narles 8. DATE 8-28-	71		ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER AUgust 26, 197 OF CREMATORY 24D. LOCATION (City, lown, or county) (Si	1



3	sed the the	BIRTH NO. 71 8089 CERTIFICATE OF DEATH REG. NO. 71 8089
	of deat Of deat Decease e on th	1. NAME OF DECEASED (Type or Print) Charlie GLASCO 2. DATE AND HOUR OF DEATH
	of of Deco	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission as STATE B. COUNTY
	hosi ise (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md. 8. COUNTY Md. 8. STATE B. COUNTY MD. STATE B
	cau use; tend	Midtown Home, Inc. Baltimore
	da ca	9 000 St. Paul Street E. STREET AND NUMBER
	ribut nined gular ed p	Baltimore, Maryland 21202 1427 Kenhill Avenue #13
	occurre ontribut erminec regular eased p	MARKIED NEVER MARRIED S. BATE OF BIRTH 19. AGE (in years If Under 1 Yr. If Under 24 Hrs Months; Doys Hours; Min.
	in lete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loseign country) 12. CITIZEN OF WHAT COUNTRY
	or o	Laborer Stone Mason Virginia USA
	if d (4) U (4) U wa the spos	THE MOTHER'S MAIDEN NAME
Z	후드 등으로 모두 기	Henry Julia Lacey Jo. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
ORTAN	kin dea	no SECURITY NO. 224-40-6568 Mrs. Alberta Williams 1424 Edison Hwy. 21213
IMPO	lso, of ar ounce trend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN
OR:	iner or ner. Al acture prono prono plar at mbaim	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ECTOR:	xami xami) A fr who who r reg	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the
DIRE	ian ian	UNDERLYING CONDITION last. (C)
-4	medical medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). RIGHT BESIDAN POWER IN PART 1 (A).
FUNERA	chiedy a loody the the loody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
14.	by the pital b re; (2) where No pt d before	OR CONTRIBUTING CAUSE OF home, locally, street, office bidg. NJURY OCCUR?
	hos naturcept d (6)	21D. TIME (Month) (Doy) (Yeoi) (Houi) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not White Work At Work
	prov the lany n and and obtain	22. I certify that (I) (this haspital) attended the deceased from October 7 19 70 ta August 23, 19 71
	be to	that (I) (we) last saw the deceased alive an
	death) must be	and hour and fram the causes stoted obave. (I) (We) (dld) (dld not) view the body after death.
	must releas ccide a hos to do	Med. Stoff Director Phys. B 8/24/71
	certificate body was r s: (1) An a D.O.A. at ased prior	23C. PHYSICIAN'S NAME (Type) JOSEPH S. BLUM MD 1115 N. CALUERT ST.
	sed.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (Stote)
	This cer the bod shows: was D.C decease	Transit Burial 8-29-71 Mt. Zion Cemetery Brandy, Virgini 25A. DATE REC'D, BY HEALTH, REEL 325A NAME OF REGOIRAR 125C. FUNERAL DIRECTOR ADDRESS.
	This certif the body shows: (1) was D.O./ deceased written ap	25A. DATE REC'D BY HEALTH DEPT JOSE NAME OF REGISTRAR DEPT JOSE NAME D
		VS 150-REV. 1414(8)



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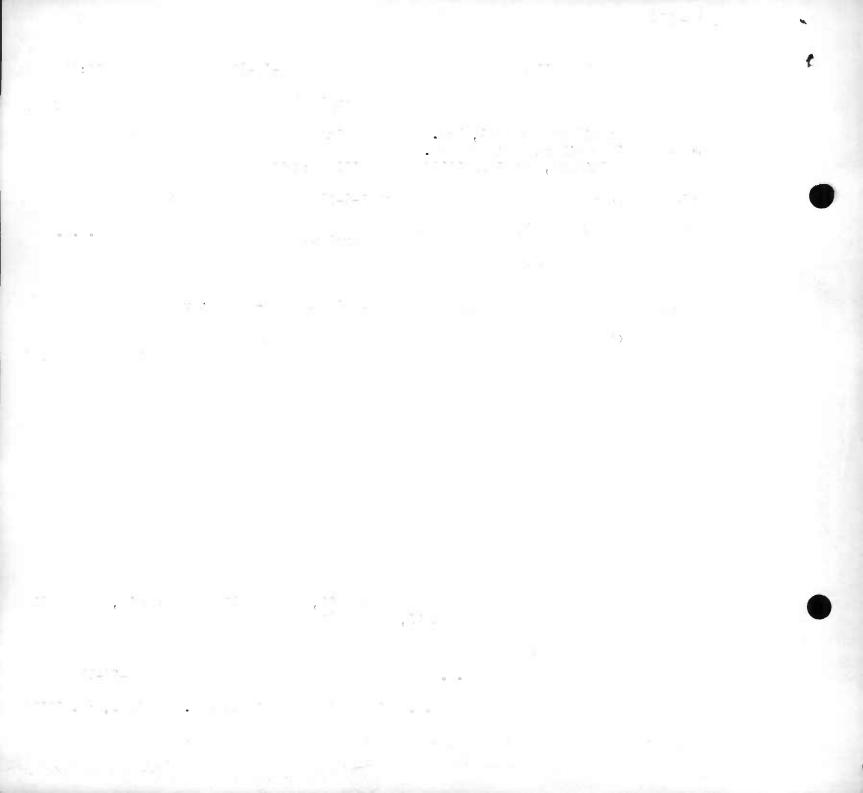
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DIRECTOR:

FUNERAL

approved





1	E-152 BALTIMORE CITY	HEALTH DEPARTMENT						
	BIRTH NO. 71 8093 CERTIFICA	TE OF DEATH REG. No. 1 8093						
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	EVANS, Ernest	8-25-71						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
İ	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland, Baltimore City C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1	Key Circle Hospice	Baltimore YES NO NO						
	90	E. STREET AND NUMBER 2926 Clifton Avenue						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED							
	Male WIDOWED DIVORCED	Dec 25 1899 lost birthdoy 7/ Months Doys Hours Min.						
	TOA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dong during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
١	Refired B+O R.R. truckman	Lo Crosse, Virginis U.S. A.						
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Joseph Evans	Melisso Evans						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
	Yes W.W. I 705-09-0093	Folith Evons 2996 Garrison Blud.						
ı	18. 1 0 3 X 1 CAUSE OF DEATH	APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH						
	This does not meen the made of dying, e.g., (A) IMMEDIATE CAU	SE Myltiple Myeloma A CONSEQUENCE OF:						
	heart foilure, osthenia, etc. It means the disease, injury or camplication which caused death.	A CONSEQUENCE OF:						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF.							
1	underlying condition last. (c) 2nd priming amyloidosis							
ı	(c)							
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)							
ı		9 7 9 9 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
I	WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
ı	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir home, form, foctory, sireet, off	or obout 21 C. WHERE DID.						
	DEATH (notify medical examine) where etc.)	or obout 21 C. WHERE DID (If In Boltimore City, give exact location)						
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
1	(APPROX.) While At Not While Work Not While At North							
ı	22. I certify that (t) (this hospital) attended the deceased from	Jug 25 19 7/ 10 Aug 25 19 9/						
1	that (I) (we) last sow the deceased alive an Aug 25	19 7 ond that in(my) (our) opinion death occurred on the date						
ı	and hour and from the couses stated above. (1) (We) (did) (did nat) vi							
	23A. SIGNATURE	238, DATE SIGNED						
ı	Phys.	ding Med. Stoff Director Phys. Decg 25, 1971						
۱	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS						
	A RIPLAL CORNATION OF DOINGE							
	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (Slote)						
	JAJANA RECID BY HEALTH PART DER NAME OF RECIPERA							
1	AUG 27 1971 Value E. Jame of REGISTRAR	VIM C MARCH 928 E NORTH AX						
11		THE PARTY OF THE P						

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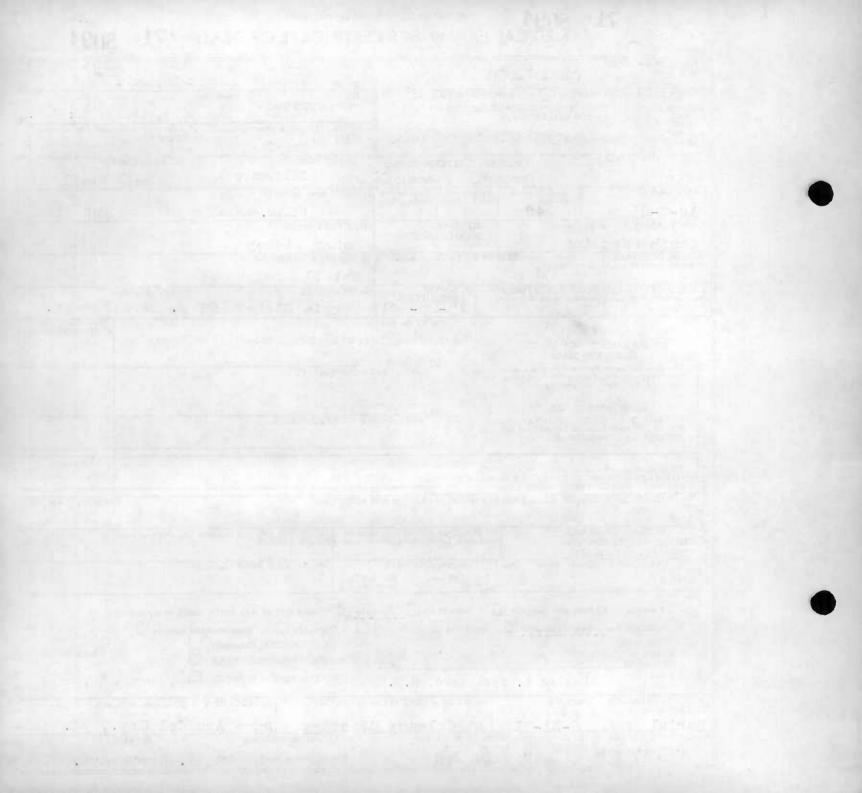
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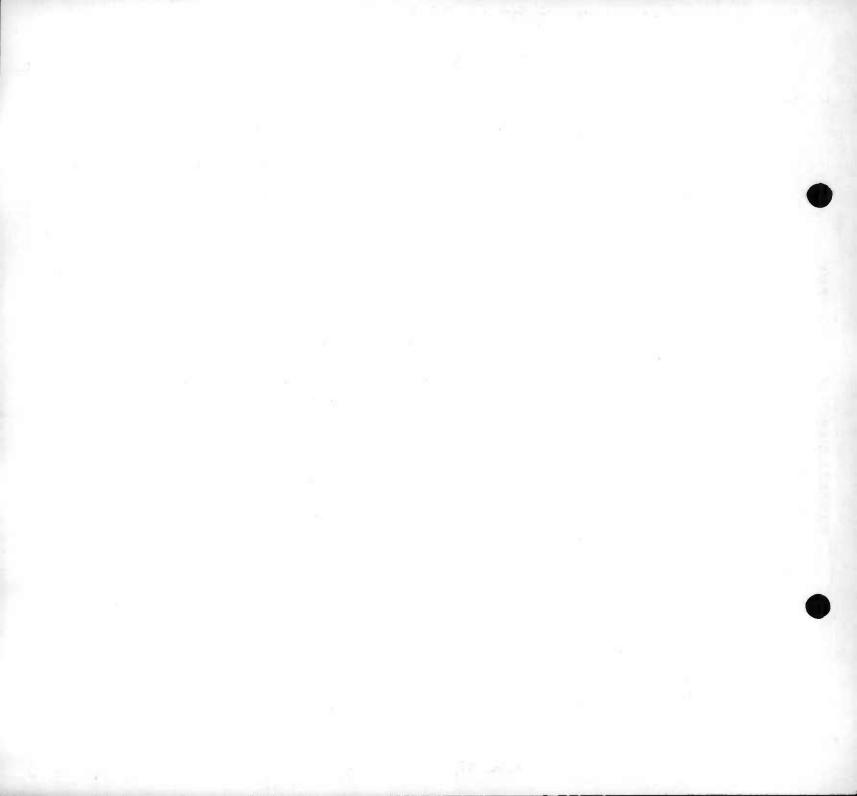
C Cerebral Muscala ins. Herong and primary smyloidosis

> Recollbiogy smylodosis No Aug, 1971

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4. F	LACE IN BAL	TIMORE, M	ARYLAND,	WHERE P	RONOUNCE	ED DEAD	DEATH 3. DATE	Laminored		Month	Dov	-	Yeor	Hour	М.
HOS	NAME OF	(IF NO	OT IN HOSP	ITAL OR INS	TITUTION, GI	VE STREET		UNCED DEAD)	Augus	st 26	, 19	71	7:05	A. M.
	NSIII OII OIN	Unive	rsity	Hospi	tal	(DOA)	A. STATE	ESIDENCE (v Maryl		eceosed liv	ed. If Insti B. COUN	Itution: re	esidence b	lore admi	ssion)
6. 5	EX	7. RACE		B. MARI	RIED NEV	ER MARRIED	C. CITY OF	TOWN		+	D. INSI	DE CITY	LIMITS?	1.0	
M	ale	Neg	ro	WIDOV	VED 🗆	DIVORCED [Balti	more	2		YES	KI N	10 0	
9. D	ATE OF BIRTI	1	10.AGE	(in years	If Under 1 \	fr. II Under 24 Hrs.	E. STREET	ND NUMBE	R				-		
	12-7-2		lost birth	49	Months Da	ys Hours Min.		821 W	. Sa	ratos	a St	reet	Ap	t #1	
	SIRTHPLACE (S		Ign country)		12. CITIZEI	V OF	13. FATHER				5 0 -		***	0 //	
9	South ('erol	ำทล		WHAT	COUNTRY?	Henn	y Dick	V A3						
14A.	USUAL OCCU	ATION (G	ive kind al wo	1148. KINI	OF BUSIN	ESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME						
done	during most of w	arking lile, e	ven freilred	0				11 Goo							
16 1	WAS DECEASI	D EVER IN	IIIS APM	ED FORCE	29 17 50	OCIAL	18. INFOR		Julia	111		ADDI	DECC		
(Yes,	NAS DECEASI			s of service) 5	ECURITY NO.			1-0-	- 001	385			0 6+	
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			DITION DIE	ECTLY	A	rterioscl	erotic	cardiov	rascu	ııar (ıısea	se			
		EADING T		Autoria in		(A)IMMEDIATE	CAUSE								
	(This does no heart failure, injury ar con	osthenia, el	c. It means t	he disease,		DUE TO, OR	AS A CONSEC	UENCE OF:							
	injury or con	plication wh	ich caused d	eath.)											
	AA A	TECEDEN	CAUSES			(B)									
	DISEASES C	RCONDIT	IONS, IF A	NY, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:							
	DISEASES OF THE UNDERLYING	G CONDI	TION LAST	Aling THE		(-)									
Ó.						(c)									
V	OTHER SIGN	FICANT CO	II NDMONS	CONTRIBU	IING										
CERTIFICATION	TO THE DEA	TH BUT NO	T RELATED T	O THE TERM	INAL										
E.						OPERATION W	AS PERFORM	ED				2). AUTOR	SY? (Yes	or No)
Ö	1				18			TAUL				-		es	
7	2A. EXTERI	NAL CAUSE	WAS		228. PLACE	OF INITIPY/a a	In or about 2	2C WHERE D	ND /KI	Deliteras	- City -b			. 05	
요	UNDERLYING	OR CON	TRIB-		home, farm,	OF INJURY (e.g., factory, street, affic	bldg., etc.)	VIURY OCCU	JR?	ii bullimat	City, giv	e exect to	ocumany		
	OF INJURY	Month) (Doy) (Ye	ar) (Hov	r) 22E.JNJ1	URY OCCURRED	2	2F. HOW DID	INJU	RY OCCU	R?				
	(APPROX.)				m. WHILE AT	D NOT	WHILE WORK								
	23.														
	I certi	fy that I l	held an	Inquiry	Inspe	ectionAu	topsy X	and that a	on this	basis,	death in	my opl	inion		
	result	ed from: 1	Natural co	uses X	Acciden	t Sufel	ie 🗌 He	micide 🔲	Un	determin	ed man	ner 🗌			
		a	1 1	-	1)	0		HIEF MEDIC	AL EXA	MINER					
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	NAME (T		charle	s S. S	pringa	te, M.D.	7336	CIAIL MEDIC	-N. EAN	WINAEK		Augu	SL ZC	, 197	1
24A REA	BURIAL CREA	(ATION,	24B. DATE		24C. NAA	AE of CEMETERY	or CREMATO	RY 2	24D. LO	CATION	(Chy,	fawn, or	county)	(Sto	ite)
	urial	DV 115445	8-3]		Mt C	Calvary	Cemete			Am	inde:			Md.	
25 A	DATE REC'D	DY HEALTH	DEPT.	25B. N	AME OF RE	GISTRAR	25C. I	UNERAL DIR	ECTOR			ADDI	RESS		
VC .	AUG 2	SIA	Visite	多三级	differ A	£8,	Wm	C Mar	ch	928	E. I	Nort	h At	7e •	
47	51-REV. 1/1/68			*	1 .	2 4	11 4	Uy							





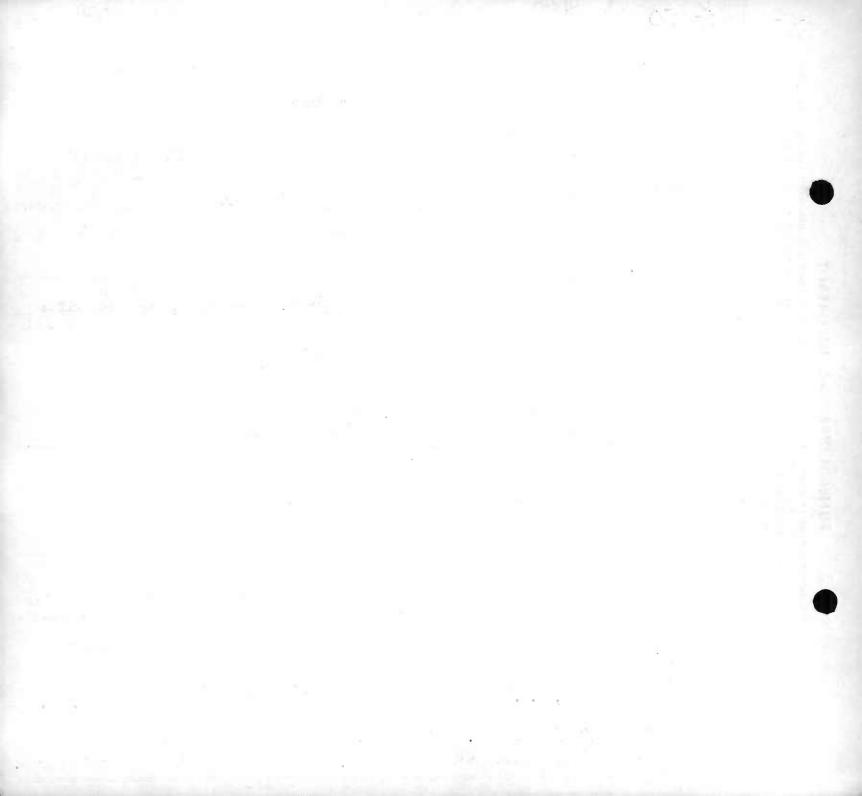
BALTIMORE CITY HEALTH DEPARTMENT 5:20 4. USUAL RESIDENCE (Where deceased lived, il institution: residence belore admission D. INSIDE CITY LIMITS YES X NO Il Under 1 Yr. Months: Doys , If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS 1926 McCulloh Street APPROXIMATE INTERVAL 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoci location) August 24, 1971 and that in (my) (aur) opinion death accurred an the date 23 B. DATE SIGNED 8-26-71 (City, town, or county) (Stote) Auburn Cemetery | Balto., Md Wm C March 928 E. North Ave. VS 150-REV. 1/1/68

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		HEALTH DEPARTMENT		PIA ODUK	
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	71 8098	
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(Type at Print)	10 E	1 1		20	1
	ex Franklin	8/2	2/11/12	modern 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE & COU	nele/deceased lived. If	f institution residence befo	re odmission
FIRST MANAGEMENT OF THE PROPERTY OF THE PROPER		11	2 1 .	"Marie	01
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland	1	/	01
NSTITUTION		C. CITY OR TOWN	D. It	NSIDE CITY LIMITS?	
0 11 0 1 11 10	07.001	Bolt	8	YES NO	
Balt City Hook	21224	E. STREET AND NUMBER			
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			2007 5	Doorwan	we
SEX ale 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	Months Doys Hou	Inder 24 Hrs
COLLES WIDOW	ED DIVORCED	1/0/22	last birthdayl	Months Doys Hou	rs Min.
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01-0		· Land		1100	
Mone		Maryland		HO	
L FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Olimban B Wilman		Domino 0411	-		
Clinton F. Kirwan		Regina Gill			
. Was Deceased Ever in U. S. Armed Farces? es, no or unknown! (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT	1.01.0 m+	ADDRESS	
	TEGERITI ITV			ern Avenue	0
		BOH TRECORDS	Balltimore	. Maryland 2	
303.71	CAUSE OF DEAT	1	V		TE INTERVAL
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LEADING TO DEATH		CTLO	. (- 1	0	
(This does not mean the mode of dying, e.	(A) IMMEDIATE CAU		TO 4 LOCA	لاح	
head failure, asthenia, etc. It means the disease	DUE 10, OR AS	A CONSEQUENCE OF	red :		
injury or complication which caused death.)	·				
				1	
		NO NO	0 0		
ANTECEDENT CAUSES	(B)	Choni Al	coholin		
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the above cause (A) staling the underlying condition last. II OTHER SIGNIFICANT CONDITION SCONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAD DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20R CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Manth) (Day) (Year) (Haur) 20 PENTING (APPROX.) 22. I certify that (II) (this hospital) attended that (I) (wee) last saw the deceased alive or and hour and fram the causes stated above. 23A. SIGNATURE 23C. Physician's NAME (Type) Allen Krumholz, M.D. 4A. BURIAL CREMATION, 124B. DATE 24C. BURIAL CREMATION, 124B. DATE 24C.	G (C)	20A. AUTOPSY? (Yas or N 20A. AUTOPSY? (Yas or N 1 or about 21C. WHERE DID 1 ice bidg. INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN. 22F. HOW DID IN.	IN CERTIFYING C (If In Baltim JURY OCCUR? 197(to	pinian death accurred 238. DATE SIGNED 238. DATE SIGNED Balto. City, town, or countyl e, Maryland Address	an the date stern Md. 2



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	a h	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior twritten approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMO	RE CITY HEALTH DEPARTMENT
BIKIT NO.	FICATE OF DEATH REG. NO. 7/- 8099
1. NAME OF DECEASED (Type or Print) Minnie F Bead	enkopt 8/23/2/ 7 25
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF DF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR ADDRESS OR LOCATION)	
INSTITUTION	C. CITY OR TOWN Bal f Im 100 YES NO E. STREET AND NUMBER
-3 South Baltimore Gen Hos	1 4434 Clean way
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCE WIDOWED DIVORCE DIVORCE	CED [11-8-87 83
10A, USUAL OCCUPATION (Give kind of work) 10R, KIND OF BUSINESS OR IN dane during most of working life, even if reflect)	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 7 Mor gan (dec)	14 MOTHER'S MAIDEN NAME Ellen ? (Dec)
15. Wee Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
injury or complication which coused death?	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MATE CAUSE Conquestion Read Jailune O, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Dialeter melition.
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, foctory, etc.	RY (e.g., in or obout 21 C. WHERE DID (II in Baltimore City, give exact lacation) street, office bidg. INJURY OCCUR?
OF INJURY (APPROX.) OF INJURY (APPROX.) OF INJURY (APPROX.) OF INJURY (APPROX.)	RED 21F. HOW DID INJURY OCCUR? Not White At Wark
22. I certify that (1) (this hospital) attended the deceased fro	om 18/13/19 to 13/3/7/19 13 19 2/ and that In(my) (our) opinion death occurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did	d not) view the body after death.
23A. SIGNATURE	Attending Med. Stuff Director Phys. Director Phys. D
23C. PHYSICIAN'S NAME (Type) YKME SOD Parp	DEGREE S. B. B. H
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMATER REMOVAL (Specify)	
Burial 8/26/197 Western	Cemetery Baltimore, Maryland
AUG 97 1971 Robert C. Farber M.D.	G. Truman Schwab 3512 Frederick Ave,
VS 150-REV. 1/1/68	

4 + 5 + 6

FUNERAL DIRECTOR: IMPORTANT

B-652	East to the second of the	HEALTH DEPARTMENT	71 REG. NO	8100				
I. NAME OF DECEASED	CERTIFICA							
(Type or Print)	Bonnog		AND HOUR OF DEATH	2/4-2				
Marguerite Nelson 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	Barnes	AUSUAL RESIDENCE (W	g. 25, 1971	3,45 P.M. itulian: residence before admission)				
William I Notes	HOLD DEAD	A. STATE B. CO	UNITY	inition: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Md.		900				
HOSPITAL OR ADDRESS OR LOCATION	3	C. CITY OR TOWN	D. INSID	E CITY LIMITS?				
00 2019 E. 32nd St.		Baltimore		YES 🔀 NO 🗌				
ZOL/ I. Jena So.		E. STREET AND NUMBER						
5. SEX 6. RACE 7. 444 PRINTS			32nd St.					
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.				
F W WIDOWED		5-30-1896	1 (5)	The state of the s				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF dane during most of working life, even if settred)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or la	preign country)	12. CITIZEN OF WHAT COUNTRY?				
Homemaker Own	Home	Baltimore,	Maryland	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
Harden T. Nales		THE MINISTER S MINISTER IA	AME					
Frederick L. Nelson		Amanda	Rock					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	216-03-7245	Mrs. E. Ric	chard Moszne	r Same				
18. 4/12 21	CAUSE OF DEATH			APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	0 1	- 0- 0	Lie Heartd	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	arte	no sellioy	Lee Heartd	40 570				
(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease.								
injury or camplication which caused deoth.)		70	n -					
ANTECEDENT CAUSES Semandined A-S 530								
(a)								
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the								
UNDERLYING CONDITION lost. (C)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 17B. CONDITION FOR WI WAS PERFORMED	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			***************************************				
19A-DATE OF OPERATION 19B CONDITION FOR WE	IICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B, IF YES, WERE FIN	IDINGS CONSIDERED				
ER O		no	IN CERIFING CAUS	ES OF DEATH!				
OP CONTRIBUTING TICALISE OF	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)				
DEATH (notify medical examined)	tuning toology, and a	ico ologo ilesoki occok:						
Q 21D. TIME (Month) (Doy) (Year) (Hour 21E 1	NJURY OCCURRED	21 F. HOW DID IN	JURY OCCUP?					
	At Not While							
Work	At Work							
22. I certify that (1) (this baspital) attended the	deceased from	8/2/	_19_7/_to	125 19.7/				
that (1) (was) last saw the deceased alive an	8/2-/		that in (my) (pur) opinio	on death occurred an the date				
and haur and from the couses stated abave. (1)	(did) (did) vi	aw the body ofter death						
23A. SIGNATURE	and haur and from the couses stated abave. (1) (1) (did) (with the body after death. 23A. SIGNATURE [23B. DATE SIGNED]							
1 PF	//// Atten	ding Med.	Shaff 🗀	2/1//01				
23C.PHYSICIAN'S	THE DEGREE Phys.	Director L	Phys. L.	2/20/1/				
NAME (Type)	() 1	3D. ADDRESS	CI L					
Dr. Norman R. Freeman,		11 W. 29th	St.					
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	NE OF CEMETERY OF CRES	MATORY 24D.	LOCATION (City,	town, or county) (Stote)				
	land Mem.	Park B	altimore	Co. Md.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	Transport of the second	25C. FUNERAL DIRECTO		ADDRESS				
2110 271		H.W.Jenkin	s, & Sons Co	4905 York Rd.				
AUG 27 1971 John E. Jan	to M.D.	9 4 9 9	? Paltimore	Md 21212				



•	death occurred in a hospitol and t or contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the e deceased prior to death. Such ostition is made.
ANT	nd; (4)
ORT	if the any kinged define
IM	Also are of anoun
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 71 8101
(Type or Print) Maude I. Kennedy	2. DAYE AND HOUR OF DEATH 8-26-71
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?
00 3601 Greenway Apt. 506	E. STREET AND NUMBER 3601 Greenway Apt. 506
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DAYE OF BIRYH 9. AGE (In years If Under 1 Ye. If Under 24 His.
WIDOWEDK DIVORCED	4-21-94 lost birthday 77 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife Own Home	Seven Valleys, Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Buie	Sarah Behler
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	Miss Kathaleen Kennedy Same
18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAU	Detween onset and death
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	oronary a Disease Gears
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DAYE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 12 (2)B. PLACE OF INJURY IS OF INSURANCE OF INJURY IS OF INJURY INJURY IS OF INJURY IS OF INJURY IS OF INJURY IS OF INJURY IN INJURY IS OF INJURY IS OF INJURY IS OF INJURY IS OF INJURY IN INJURY IS OF INJURY IS OF INJURY IN INJURY IN INJURY INJURY IN INJURY INJU	20A AUTOPSY? (106 or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, larm, foctory, street of DEATH Inofify medical examined	n or obout 21 C. WHERE DID (If in Boltimore City, give exect location) lice bldg., INJURY OCCUR?
21D-TIME IMonth) (Doy) (Yeer) IHour) 21E INJURY OCCURRED OF INJURY IAPPROX.) While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this haspital) attended the deceased from	9-29 1970to 8 - 26 1971
that (i) (we) last sow the deceased alive on 8-24	19 7 and that in (my) (eur) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did-net) vi	lew the body after deoth.
D acouse Phys	Med. Staff Director Phys. 23B. DATE SIGNED
	3D. ADDRESS
Dr. William P. Benson, Jr.	3502 N. Calvert St.
24A. BURIAL CREMATION, 24B. DAYE 24C, NAME of CEMETERY OF CRE	MAYORY 24D. LOCATION (City, town, or county) (Stote)
_Cremation 8-30-71 Greenmount Cre	
AUG 27 1971 Paber E. Jaber AD	25C. FUNERAL DIRECTOR H.W. Jenkins Sons Co. 4905 York Rd.
VS 150-REV. 1/1/68	Byltimore, Md. 21212

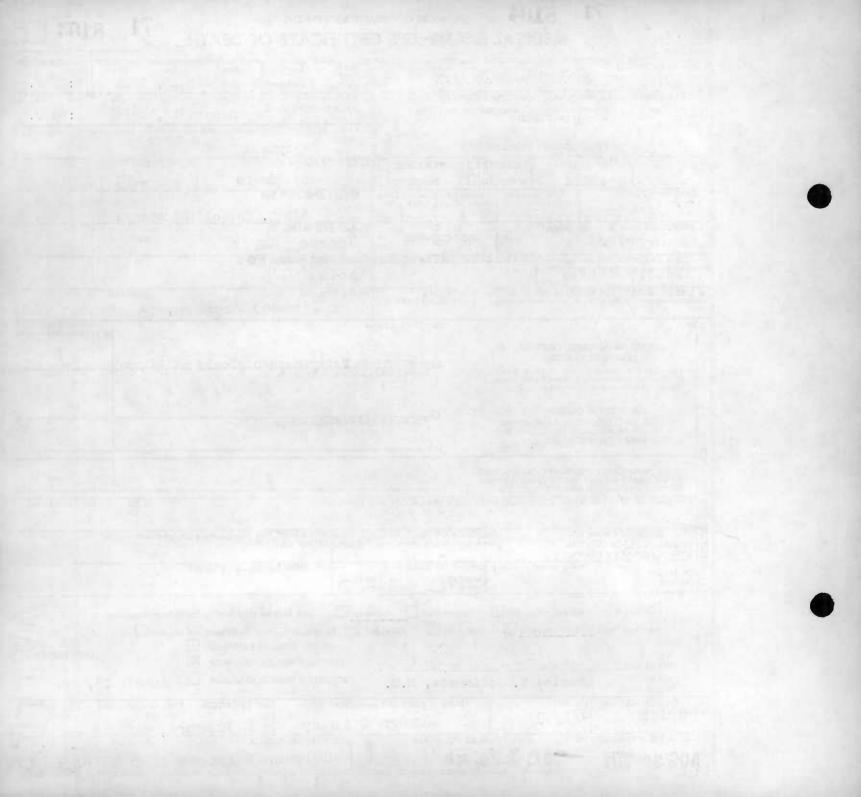


BURIAL 9-94-21 MT AUBURIU CEM BALTIC. MIL.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M 2==	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 71 8:	103 CERTIFICA	ATE OF DEATH REG. NO.	71 8103
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
James McDani	ie]	8/26/71	1 0 00
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before edwission
	OR INSTITUTION, GIVE-STREET	A. STATE B. COUNTY	105
HOSPITAL OR ADDRESS OR LOCATIONSTITUTION	ON)		NSIDE CITY LIMITS?
500		Baltimore	YES I NO
31/ 1		E. STREET AND NUMBER	
Mercy Hospital		107 S. Collington Av	re.
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years	If Under 1 Ys., If Under 24 Hrs. Months; Doys Hours; Min.
	WIDOWED DIVORCED	8/11/09 62	
OA. USUAL OCCUPATION (Give kind of work [1] one during most of working life, even if retired)	B KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Berher	2016	North Carolina	U.SA.
3. FATHER'S NAME	own	14. MOTHER'S MAIDEN NAME	Man.
11.17.	> '/	11 11)
5. Was Deceased Ever in U. S. Armed Force:	1 6. SOCIAL	17. INFORMANT	nown)
res, na or unknown) (If yes, give war or dates	of service) SECURITY NO.	IN- INFORMANT	ADDRESS
Ves Set 1925 to F	eh176 242-38-7	197 Mrs Nearhood	2112 Ashta ST
16. 3 3 2 X	CAUSE OF DEA	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	CYLY	1 2	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA	USE Bellin exerca	
(This does not mean the mode of d heart failure, asthenia, etc. It means th	e disease.	A CONSEQUENCE OF:	
injury or complication which caused de	eath.)	1	
ANTECEDENT CAUSES	(a) Care	was arest. Maria	nothorax
DISEASES OR CONDITIONS, if an		A CONSEQUENCE OF:	
tise to the above cause (A) si UNDERLYING CONDITION last	taling the	mo Commin Aco	110
OTTO CONDITION 1956	(C) See Coffee	in very in 150	
OTHER SIGNIFICANT CONDITIONS CONT	PIBLITING	07 - 04	
TO THE DEATH BUT NOT RELATED TO THE	TERMINAL MCGACCO	meed reflected he	muze
DISEASE OR CONDITION GIVEN IN PART I	TON FOR WHICH OPERATION	20A. AUTOPSY? (Ves of No.) 20B. IF YES. WER	FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDI- WAS PERFO	RMED	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
J 21A, ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID (If In Baltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, larm, foctory, street, c	ffice bldg. INJURY OCCUR?	
	Hour 21& INJURY OCCURRED	0.5	
OF INJURY	While At Not Whi	21F. HOW DID INJURY OCCUR?	
(APPROX)	Wark At Work		
22. I certify that (this haspital) o	ittended the deceased fram	8-22 192/10	8-26 19 21
that ((we) last saw the deceased	alive on 8-26	19 7/ and that in (my) (aur) ap	Inian death occurred on the date
and haur and fram the couses stated	above, (I) (We) (did) (did not)	view the hady after death	
23A. SIGNATURE	(1) (1) (1) (1) (1) (1) (1)	new the budy unter dediti.	23R, DATE SIGNED
(war ffeed	The Att	anding Med. Staff	
	DEGREE Phy	s. Director Phys.	
23C PHTSICIAN'S NAME (Type)		23D. ADDRESS	
	DEGREE	A STATE OF THE PARTY OF THE PAR	
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)		EMATORY 24D. LOCATION	City, town, or county) (State)
Burial 8/30/21	Landa 1s	Sol Kom Root.	e Ind.
AUG 30 1971	BINAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 30 1971 Ulaber 4	Valory may	Step, L. Jake	Gra
\$ 150-REV. 1/1/68		OVER OF COMMENTER	1 JAKA





IMPORTANT

FUNERAL DIRECTOR:

	1 000	71	8105	BALTIMORE CITY	HEALTH DEPARTMENT	7	1 81.05	
	RTH NO.		9102	CERTIFICA	TE OF DEATH	REG. NO.	020	
ίŤ	ype or Printl	1. 11 /	1		2. PATE	AND HOUR OF DEATH		
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE [Where deceased lived. If institution: residence bell a. STATE 8. COUNTY							
		*			A. STATE B. CO	UNTY	/ / Salestone destre demission	
	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LO	TAL OR INSTITUTION	1	C. CITY OR TOWN	MBBLD S	treet 2007	
	Rollin	14:11 h	lursing	Home	1 -11.		YES A NO	
1/4	DOTTON	He Au	. 2 5	OhN St.	E. STREET AND NUMBER		IES ES NO	
	Lafdye	THE HAW	, ,		MANVA	Nd		
5.	SEX 6. R	ACE /	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 29	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.	
1	Male	Colored	WIDOWED	DIVORCED _	3/28/42	30	Months Days Hours Min.	
10.	A. USUAL OCCUPA' ne during most of worki	TION (Give kind of wo	ork 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY	
	Non	le	Kere	Worked	MARY 21	v d	080	
13.	FATHER'S NAME	-			14. MOTHER'S MAIDEN N	IAME		
	James	L	2.1.21'5		(ipargia	Wilson		
15. (Ye	Was Deceased Evers, no or unknown) (If	r in U. S. Armed F	orces? 16.	SOCIAL SECURITY NO.	17. INFORMANT	00.100.10	ADDRESS //	
	NO	,		JECOKIII NO.	Admens	sin Page	1 - Belt Va	
	18. = 4 4	-33		CAUSE OF DEAT	1100000	August 1	APPROXIMATE INTERVAL	
1		R CONDITION D					BETWEEN ONSET AND DEATH	
1	The second secon	DING TO DEATH	•	(A) IMMEDIATE CAU			weeps	
1	heart lailure, osth	enio, elc. Il meon	s the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
		olion which cause		1		ь		
l.		CONDITIONS, if		(B) Q	calities il	elra	notes	
	rise to the a	bove cause (A)	sloling the	A A	A CONSEQUENCE OF:			
1	UNDERLYING CO	ONDITION tast.		(c) 4 1/4	i overseage	(4)	Terro our	
Z	OTHER SIGNIFICAN	II	ONTRIBUITING				9/5	
I E	TO THE DEATH BU	T NOT RELATED TO	THE TERMINAL	Lys	lessy		Years	
CERTIFICATION	19A. DATE OF OPE	RATION 1198 CO	NDITION FOR WHILE	CH OPERATION	20A. ANTOPSY? (Yes or		NDINGS CONSIDERED	
ERTI	(3)		RFORMED			IN CERTIFYING CAUS	SES OF DEATH?	
	21 A. ACCIDENT W	AS UNDERLYING	21B, PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)	
CAL	DEATH Inotify med	ical examined	etc.)					
MEDI	OF INJURY	nith) (Day) (Year	111111111111111111111111111111111111111	URY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
<	IAPPROX.)		While A Work	Not While			1	
	22. I certify that (I) (this hospital) attended the deceased from 4/5 19 7/ ta 8/17 19 7/							
	that (1) (we) last sow the deceased alive on 19 / ond that in (my) (our) opinion death occurred on the date							
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATURE		-7-1	15			3B, DATE SIGNED	
	(The same	March	After Phys	iding Med.	Staff Phys.	828/20	
	23C. PHYSICIAN'S NAME (Type)		Con	PEGREE	3D. ADDRESS		11//	
	/	92 LAN	A MA	CAN MY	2 E Read	of only	work had	
24/	REMOVAL (Specif	ON, 24B. DATE	24C. NAME	of CEMETERY of CRE		LOCATION (City.	town, o county) (State)	
	Burial	8/31/	71	C.lvary e	emetry A	A County ,	ND	
25/	DATE REC'D BY	HEALTH DEPT.	258 NAME OF RE	GISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
	AUG 30	1971 Vale	& E. Faber	ALD.	Adolphus	Halstead]	206 W Worth A	
"VS	150-REV. 1/1/68			7		La Cau	ALU W OPEN A	



	V-200	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 71 0400						
- 11-		TE OF DEATH REG. No. 71 8106						
	Type or Print Leed. Charles	2. DATE AND HOUR OF DEATH 8-26-7/ 1 4. PM						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. ÇITY OR TOWN D. INSIDE CITY LIMITS?						
	1-	BOLTIMORE Md. 21216 YES TO NO [
1	Sutheran Hosp.	E. STREET AND NUMBER						
5	SEX 6. RACE 7. MARRIED WEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., Il Under 24 Hrs.						
	// WIDOWED DIVORCED	2-12-94 last birthday 77 Months Doys Hours Min.						
ا	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even If relired)	11. BIRTHPLAGE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Laborer	Va I						
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
-	?	2						
1	S. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (if yes, give war at doles of service) SECURITY NO.	17. INFORMANT ADDRESS						
	es, no of unknown lit yes, give war at doles of service) SECURITY NO.	Mrs Adaline Reed, Same						
1	18. CAUSE OF DEAT.							
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
	LEADING TO DEATH	ise Cardio Married an Muria						
		A CONSEQUENCE OF:						
	injury as camplicalian which caused death.)							
	ANTECEDENT CAUSES	us Cardial mark tim.						
-	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:						
	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	V						
\parallel	11	***************************************						
ATION		1-						

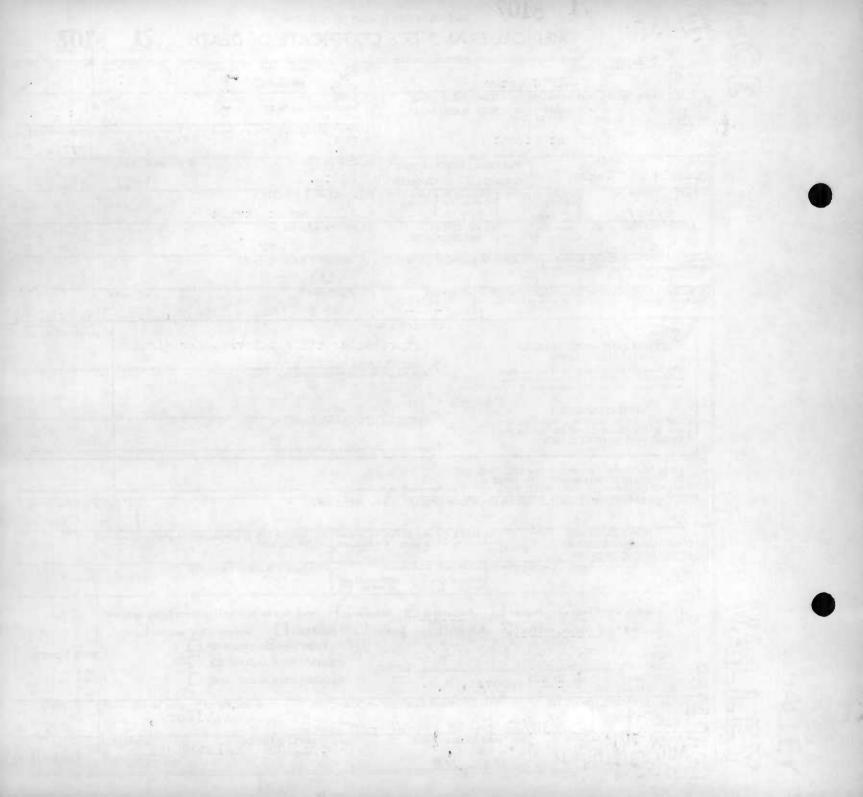
Cearles	198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
11	OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	n or about 21 C. WHERE DID (If in Boltimore City, give exact location)						
13	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?						
MENT	210-TIME (Manth) (Day) (Yeor) (Haur) 216 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	[[APPRILE]							
	Wark At Work							
Н	22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an	7. 24. 19 11 to 0. 26. 197						
		19and that in(my) (out) apinian death occurred an the date						
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATURE AND AMO	nding Med. Shaff (2)						
	DEGREE Phys	Director Phys. Director Direct						
	23C. PHYSICIAN'S NAME (Type) UALIAX ARAIN MD	PAD TIMES 730 ASHBURTON ST,						
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)						
	REMOVAL (Specify)	tony tong of county						
2.5	Burial 8/31/71 Arbutus Mem A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR							
	AUG 30 1971 Paber & Janber 4. 8.	Adolphus, Halstead 1206 W North AVe						
V:	150-REV. 1/1/68	11-do-birabi narpocad reco M Morel Ave						

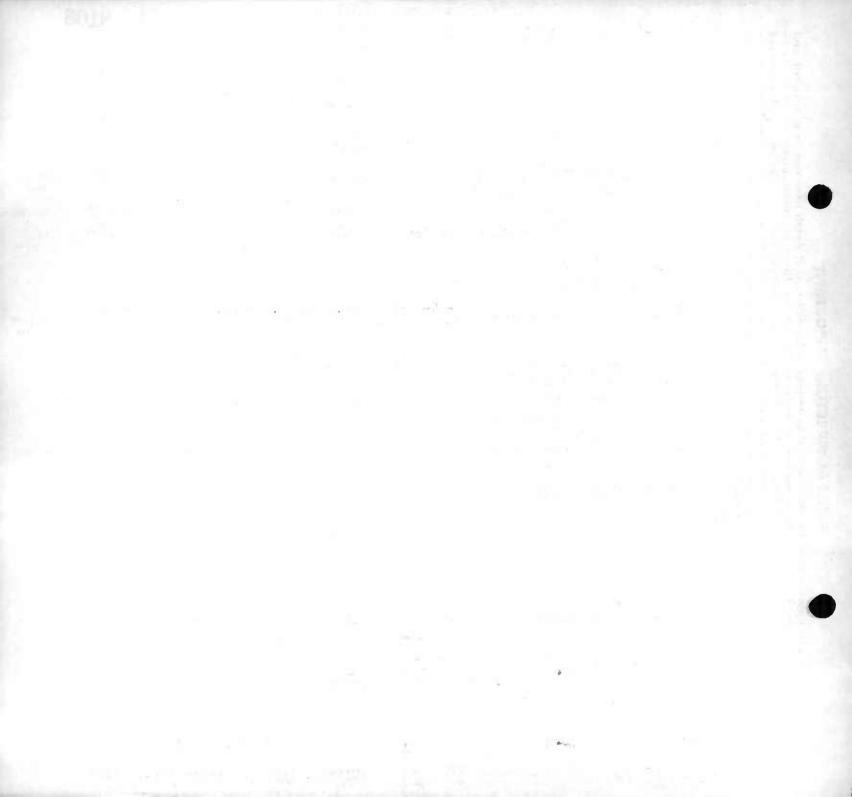
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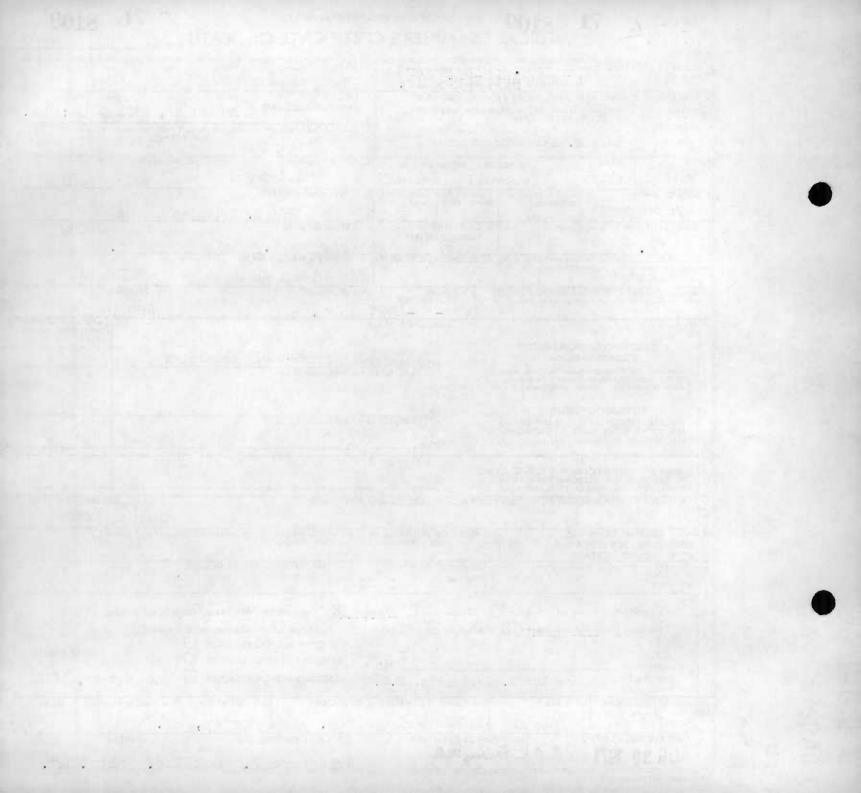
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C-23	/1	8107	BALTIMORE CITT HE							
	6 MI	DICA	L EXAMINER'S	CERTIFIC	CATE OF	DEAT	H	71 8	3107	
BIRTH NO.							REG. N	0		
1. NAME OF DE				2. DATE OF	Known 2	Month 8	Doy	Yeor	Hour	
		Chest		DEATH	Estimoted	0	26	71	8:55	P . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION 1822 Brunt Street					NCED DEAD	Month 8	Day 26	Yeor 71	8:55	p
					SIDENCE (Where	deceosed I	ived. If Institu B. COUNT	tion: residence	belore odmi	tssion)
6. SEX	7. RACE	18		A. STATE Md.	TOWN		In INICIDE		176	20
female	Negro	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	Balto			D, INSIDE	VES T	No 🗆	
9. DATE OF BIRT	H f0.AGE	(in yeors	Months Days Hours Min.		ND NUMBER Brunt St	reet				
	tote or foreign country)	12. CITIZEN OF	13. FATHER'S		LCCL				
			WHAT COUNTRY?			00000				
Mary HAUSUAL OCCU	PATION (Give kind alaw	LIJAR VINI	OF BUSINESS OR INDUSTRY	15 HOTHER	Walter	Carr				
done during most of v	orking life, even if retire	(p)	OL BOSHAESS OK HADOSIKI			NE				
					zabeth					
Yes, no or unknown	ED EVER IN U.S. ARA	LED FORCE:	S? I7. SOCIAL SECURITY NO.	18. INFORM				ADDRESS		
			217-20-760	2 MR	s Viola	John	son,	3511 F	laywoo	od A
19.	2.4		CAUSE OF DEAT	TH				1	APPROXIMATE II	NIERVAL TE
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DEL	NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LASS III IIFICANT CONDITIONS ATH BUT NOT RELATED	CONTRIBUTE	(c)	AS A CONSEQ	UENCE OF:					=
DISEASE OR	CONDITION GIVEN IN									
A ZUA. DATE OF	OPERATION 208. C	ONDITION	FOR WHICH OPERATION WA	S PERFORME	D			21. AUT	OPSY? (Yes	or No)
									10	
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.		22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	In or obout 22 bldg., elc.) IN	C. WHERE DID (lf in Baltimo	re City, give	exact location)		
22D. TIME OF INJURY (APPROX.)	Month) (Doy) (Y	ear) (Hou	WHILE AT NOT	WHILE	F. HOW DID INJ	URY OCC	UR?			
23.	ify that I held on	Inquiry [and that on th	is basis,	death in m	y opinion		
result	ed from: Notural s	ouses 🔯	Accident Suicid	e Hor			ned manne			
	P	7	10 111		HIEF MEDICAL E					
ACTUAL	- VI	111	UVELLA		TANT MEDICAL E		*XXX		DATE SIGI	NED
SIGNATU	Thic C		M.D.	•				8	/27/71	
NAME (T	ype) Pete		ovic, M.D.		CIATE MEDICAL EX					
Burial	v) . 8//·	30/71	Mt Aubur	4.4	t.rv 240.L	Balt	imore	wn, or county) (Sto	te)
AUG 3		258. N	AME OF REGISTRAR	25C. FI	OL phus	Hals	tead :	ADDRESS 1206 W	nor	th A
VS ISI-REV. 1/1/68		1		1 /	0.3					





ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTI	ON, GIVE STREET	PRON	DUNCED DEAD	Augus	t 26,	1971	11:40	A
OR INSTITUTION	1636 E. Bel	vedere	Avenue	A. STATE	RESIDENCE (W Mary 1	here deceosed liv and	ed. If instituti B. COUNTY		e before odmiss	5 8
. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY C	RTOWN		D. INSIDE	CITY LIMITS	?	
Male	White	WIDOWED [DIVORCED		Balti	more		YES 🖾	NO	
6/9/19	lost birthdo	y) If U Mon	nder 1 Yr. II Under 24 Hrs. ths Days Hours Min.	E. STREET	AND NUMBER	E. Belve	N. III			
	tate or lareign country)	1	CITIZEN OF WHAT COUNTRY? USA BUSINESS OR INDUSTRY		r's NAME rles E.	Adelsp	erger	Sr.		
Drafts	man			Kat	hleen M					
6. WAS DECEAS (es, no ar unknawn) NO	ED EVER IN U.S. ARMED (Il yes, give war or dates	of service)	17. SOCIAL SECURITY NO. 220-50-492	7 Mr		leen Ad		address	same	
19.	4.9		CAUSE OF DEA						APPROXIMATE INT	
	E OR CONDITION DIRECT LEADING TO DEATH of mean the made of dy asthenia, etc. It means the application which coused decomplication which coused decomplication.		(A)IMMEDIATE C DUE TO, OR A			ous narco	tism			
DISEASES OF THE UNDERLYIN	NTECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA' NG CONDITION LAST.	, GIVING TING THE	(B) DUE TO, OR	AS A CONS	EQUENCE OF:					
OTHER SIGN TO THE DEA DISEASE OR	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	ONTRIBUTING THE TERMINAL ART 1 (A)-								
20A. DATE OF	OPERATION 208. COM	NDMON FOR	WHICH OPERATION WA	S PERFOR	MED			21. AU	Yes	No)
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	22B.	PLACE OF INJURY(e.g., o, farm, foctory, street, office	tn or about bldg., etc.)	22C. WHERE D INJURY OCCU	ID (II In Boltimare R?	City, give e	exoct location	1)	
22D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year	V	ZE.INJURY OCCURRED WHILE AT WORK AT W	WHILE	22F. HOW DID	INJURY OCCU	R?			
ACTUAL SIGNATI EXAMIN NAME (I	ER'S Charle	Sos D. A	suicident Suicident M.D.	. ASS	CHIEF MEDIC SISTANT MEDIC OCIATE MEDIC	AL EXAMINER	ed manner	ugust	DATE SIGN 26, 197	1
REMOVAL (Speci Burial	MATION, 248. DATE (v) 8/28		C.NAME of CEMETERY Meadowridg			Dorsey,		wn, or coun	ty) (Stote	:)
AUG 3	1971 Pales	I 900	OF REGISTRAR	25C	FUNERAL DIR	ECTOR	Inc	ADDRESS	to Mh	
S 151-REV. 1/1/68		1 17 /		0 4	i Ü	()	THE	Dat	00 11	P



IMPORTANT

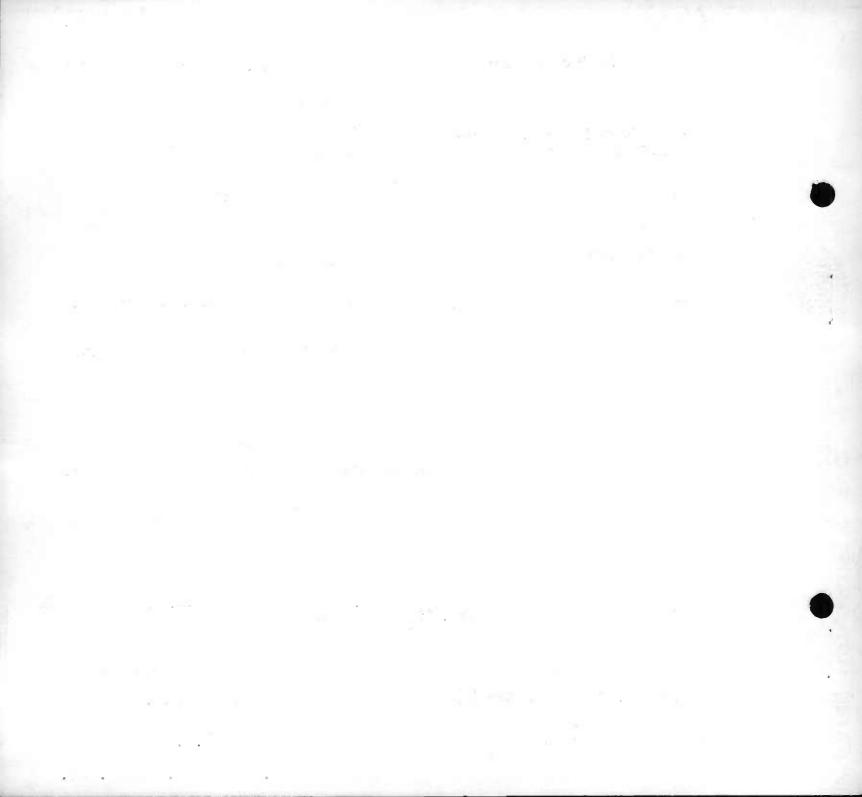
FUNERAL DIRECTOR:

,/.	. I have be			BA	LTIMORE CITY	Y HEALTH	DEPARTMEN	NT		-	74	04	10	
BIRTH NO.	0 71	81	10		RTIFICA				REG.	. No	, T	0.1.	LU	
1. NAME OF DI			_				2. DA	TE AND	HOUR OF	DEATH				
	EDWARD :	L. HAR	P, J	R.				Aug	ust 2	6. 1	971			M
FULL NAME O	ALTIMORE, MAR	YLAND, WH				A. USU	residence ryland	(Where COUNT	deceosed I	lived. If in	stitution;	residence	before odn	ission)
HOSPITAL OR	ADDRES	OR LOCAT	ONI	ITO HON, G	VE STREET	C, CITY	ORTOWN			D. INS	DE CITY I	IMITS?	15	Car
1650	E. Bel	vedere	Ave				ltimore				YES X		NO 🗌	-0
00							50 E. 1		veder	e Av	e .			
SEX	6. RACE	7.	MARRIE	NEVER	MARRIED		OF BIRTH	9.	AGE (In y	eois		pr 1 Yr.	If Under	24 His.
Male	White CUPATION (Give	,	WIDOWE		OIVORCED	6/7	/1891			30				
one during most	of working life, eve	n if retired)	A KIND	DE BOZIMEZZ	OR INDUSTRY	11. BIRTH	IPLACE (Stote o	or foreig	n country)		12. CIT	ZEN OF	WHAT CO	UNTRY
Sup. 0	as Engi	neer	G. &	E. Co		M	d.				US	SA		
3. FATHER'S N.	AME						HER'S MAIDEN	MAN P	E		1 0			
F	T back	Lann	C-n				Viana 11	c .						
. Wos Decease	lward L.	Armed Force	DI.	1 6. SOCI	VI.	17. INFO	Mary M.	. 51	ngle					
yes, no or unknow	ed Ever in U. S. vnt (If yes, give	vor or dotes	of service)	212-0	rity no. 05-6532			Hel	en Ha	arn s	same	ADDRE	22	
18.	0.9				JSE OF DEAT			1102	- 041 110	, P	Junic	APPRO	XIMATE INTE	PV A1
/ /	ASE OR COND LEADING TO		CTLY			0	מ מווה דו	41	Sel	eren	Do		ONSET AND	
(This does	not meen the	mode of di	ving, e.g	V.	MMEDIATE CAL		WENGE OF		+	*********			mu	rule
heort foilure	omplication which	it meons th	e diseose	(6	DUE IO, OK AS	A CONSEC	VUENCE OF:		4					
injuly of Co			r, mos		Wron	cl	orona	m	arle	mo	1			
	ANTECEDENT			(B).		********	v=====================================	J		A				
rise to t	OR CONDITION The obove condition The condition Or condition	use (A) si		(c)	DUE TO, OR AS	A CONSE	QUENCE OF:							
	11			(0)										
TO THE DEA	IFICANT CONDIT	ATED TO THE	TERMINAL				4							
19A. DATE O	CONDITION GIV	198 CONDIT	(A).	WHICH OP	FRATION	120 A.	UTOPSY? (Yes	or Nol	20B. IF YES	WEDE	INDINGS	CONSI	EDED	
		WAS PERFO	RMED						IN CERTIFY	ING CA	JSES OF	DEATH?	PERED	
OR CONTRIE	ENT WAS UNDIBUTING CAUS	RLYING [] E O F ned	21 ho eld	me, joim, jo	INJURY (e.g., inclory, street, of	n or about fice bldg.,	21 C. WHERE D)ID J R?	(if in	Boltimore	e City, giv	e exact to	ocotion)	
21D.TIME OF INJURY	(Month) (Do	ri (Yeor) (Hour 21	E INJURY O	CCURRED		21F. HOW DIE	D INJU	RY OCCUR	?				
(APPROX.)			w	hile At	Not While At Work	• 🗆								
22. I certify	y that (1) (this	hospitol) a	ttended	the deceas	ed fram	***********		19	ta_				19	
that (1) (we) last sow the	deceased	alive on.			19	ar	nd that		our) opii	nion deo	th accu	red on th	e dote
and haur or	nd from the ca	uses stoted	above.	(I) (We) (di	d) (did not) v	lew the l	ady after de	oth.						
23A. SIGNAT	9Ben	son	20	M.D	Atte Phys	nding 🔲	Med. Director	SI	hoff		23B, DA1	E SIGNE	-)/	
23C-PHYSICI NAME	AN'S (Typel	for!	Voos	2,2	DEGALE	23D. ADDI		- 11			1 ~		/ -	
IA. BURIAL CR REMOVAL	EMATION, 24B.	DATE	24C. N	AME of CE	DEGREE METERY of CRE	MATORY	24	D. LO	CATION	(Cit	y, town, c	r county)	(\$1	ate)
Burial		28/71	T.o	orrair	ne Mem.	Pk		Ral	to. M	m.				
	D BY HEALTH D			OF REGISTR			UNERAL DIRE		50 · F.	***		ADD	RFSS.	
AUG 30	40000			A.D.	0.19		nard J		ck In	c.,B	alto			14
S 150-REV. 1/1	/68					· ·								

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1///0//- /1 0441	Y HEALTH DEPARTMENT REG. NO. 71	8111
1. NAME OF DECEASED (Type or Print) RICHARD PAUL WASSERMAN	2. DATE AND HOUR OF DEATH Aug. 25, 1971	12: 56 p
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution:	L M.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	New Jersey C.CITY OR TOWN	127
US Public Health Service Hospital	Middle town D. INSIDE CITY I	NO 🗌
3100 Wyman Parkway	E. STREET AND NUMBER 2 Tatum Drive	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED X WIDOWED DIVORCED	4/12/55 lasf birthday) Months	Poys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Student	NJ	USA
13. FATHER'S NAME Irving Wasserman	Marian Karmzin	
15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or dotes of service) No No None	Records- US PHS Hospital, Bal	address to, Md.
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	USE Bilateral pneumonia A CONSEQUENCE OF:	BETWEEN ONSET AND DEATH Days
UNDERLYING CONDITION lost. (C)		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL STORY OF CONDITION GIVEN IN PART 1 (A).	Loblastoma of brain	5 yrs.
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	DEATH?
OR CONTRIBUTING CAUSE OF home, farm, factory, sheet, of DEATH (notify medical examiner)	in or about 21C. WHERE DID Iff in Baltimare City, give	re exect location)
21D. TIME (Month) (Doy) (Yeoi) (Houi) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work		
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on Aug. 25	Aug. 9 19 71 to Aug. 25	19 71
and hour and fram the couses stated above. (1) (We) (did) (did/not)		occurred on me gore
23A. SIGNATURE 23A. SIGNATURE E Bellie an MD DEGREE PROPERTY OF THE PROPERTY	228 DA1	6/71
Robert E. Belliveau, Surg (R)	US PHS Hospital, Balto, Md.	
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town,	or county) (Stote)
Cremation 8/27/71 Rose Hill Cre	matory Linden, N.J.	
AUG 30 1971 Value Communication of the control of t	25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Bal	to. M.



BIRTH NO.	7	8112		Y HEALTH DEPARTMENT	PEC NO	71 8112
			CERTIFICA	TE OF DEATH	KEG. 140,	· + OTTC
NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEA	тн
	BUIL	ER M	Rg. ELINOP	L R. 8	126171	13.50 Am.
PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived	Il institution residence before admission
ULL NAME OF	(IF NOT IN HOSP ADDRESS OR LO	ITAL OR INSTITU	JTION, GIVE STREET	BALTIMORE.	M.D.	130"
	11 4 5 4 4	11 6 -: -	0.1	C. CITY OR TOWN		NSIDE CITY LIMITS?
CHUKCH	Home AND	40761	116	E. STREET AND NUMBER		YES NO
35			<u> </u>		ive 98ity	Phwy. APT.AZI
F	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. II Under 24 Hr. Months Days Haurs Min.
A, USUAL OCCI	PATION (Give kind of wo			11. BIRTHPLACE [Stote er fore	66	
one during most of v	vorking life, even if relired)		TOTAL	I PIKITIFACE ISTOTE BI TOTE	ign country)	12. CITIZEN OF WHAT COUNTE
FATHER'S NAM	e vije.			W.D.		Aneli com
				14. MOTHER'S MAIDEN NA	ME	
WATS	on - B. F	RANDA L	L.	ViR GINIA	MARIN	
. Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	VIRGINIA 17. INFORMANT	· TINKSF	ADDRESS
.s, no or unknown	in yes, give wor er ou	les of service)	SECURITY NO.	. 1 4		
18. / /	7 9 12 1	076	216 24 45281 CAUSE OF DEATH			
7 5	1	ILX	CAUSE OF DEAT	Disease.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	E OR CONDITION D LEADING TO DEATH			7	0 0	
			(A) IMMEDIATE CAU	ISE & Alree premi	and della	A.
heori loilure,	ol mean the mode o	s the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or com	plication which couse	d deoth.)				
A	NTECEDENT CAUSE	S	Jhy	person (9) me	licano 10	A im
DISEASES 'O	R CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1	
rise to the	obave cause (A)	slaling the			1	
ON DERETHEO	COMBINION IUSE		(c)			
OTHER SIGNIFIC		O LAIVE LOUGH LA	0			
TO THE DEATH	CANT CONDITIONS CO	THE TERMINAL	Kylint	enrin.		
IDISEASE OR CO	ONDITION GIVEN IN PA	RT I (A).	// /		V 200 15	
	WAS PER	FORMED			IN CERTIFYING	RE FINDINGS CONSIDERED
Z Z						CAUSES OF DEATH?
X/-	T WAS UNDERLYING	1210	PLACE OF INITION/ 1-	y en		
21A. ACCIDEN OR CONTRIBUT	T WAS UNDERLYING	home	PLACE OF INJURY (e.g., Ir , form, foctory, street, ef	n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?		nare City, give exact lacation)
21A. ACCIDEN OR CONTRIBUT DEATH Inotify	medical examiner	home	PLACE OF INJURY (e.g., fr o, form, foctory, street, eff	n ar about 21C. WHERE DID		
OR CONTRIBUT	ING! [CAUSE OF	home etc.)	INJURY OCCURRED	n ar about 21C. WHERE DID	(II In Boltin	
21A. ACCIDEN OR CONTRIBUT DEATH Inotify	medical examiner	(Haur) 21E	INJURY OCCURRED At The Not While	n or about 21C, WHERE DID fice bldg., INJURY OCCUR?	(II In Boltin	
OR CONTRIBUTE DEATH Inesify 21 D. TIME OF INJURY [APPROX.)	(Month) (Doy) (Year)	(Haur) 21 E. While	INJURY OCCURRED RAT At Work	n or about 21C, WHERE DID injury OCCUR?	(II in Bollin	nare City, give exact lacation)
DEATH Inotify 21D-TIME OF INJURY IAPPROX.) 22. I certify to	ind CAUSE OF medical examines (Month) (Day) (Year) that (1) (this hospita	(Haur) 21 E. Whill Wark	INJURY OCCURRED At Not While At Work deceosed from	n or about 21C, WHERE DID fice bidg, INJURY OCCUR?	(II in Boltin	nare City, give exact location)
DEATH Ineffy 21 D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (we)	(Month) (Doy) (Year) That (1) (this hospital	(Haur) 21 E. Whill Wark 1) ottended the	INJURY OCCURRED At Work deceosed from	n or about 21 C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID INJ	(II in Boltin	nare City, give exact lacation)
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VS 150-REV. 1/1/68

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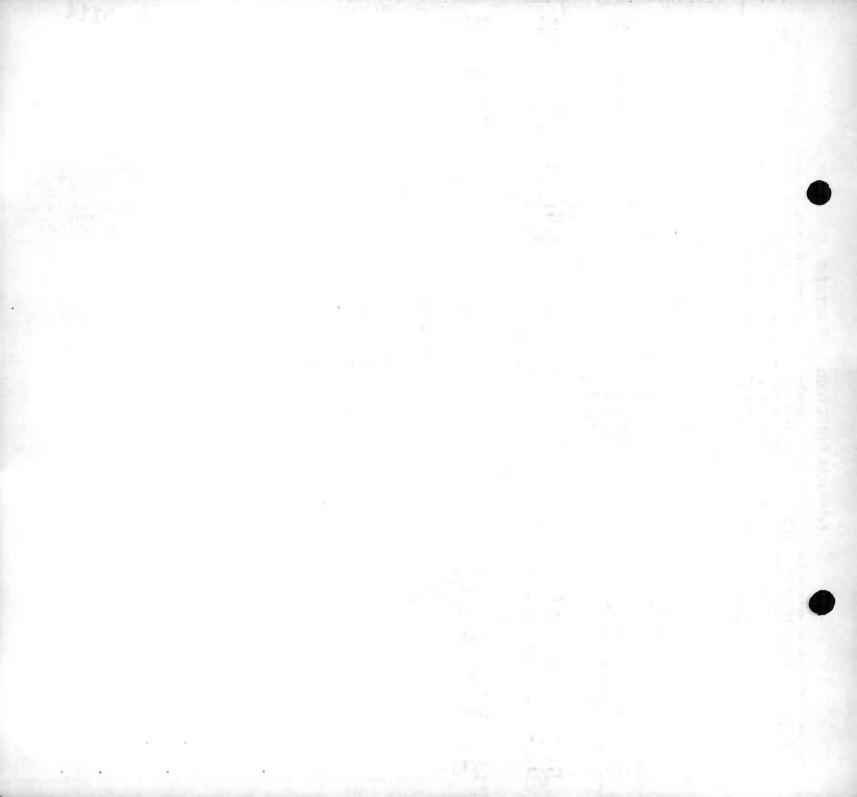
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 26 USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY M. Oryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore City Hospital 4940 Eastern Avenue Baltimore YES NO E. STREET AND NUMBER 1130 Steiger Way 21205 Baltimore, Maryland 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years H Under 1 Yr. If Under 24 Hrs. lost birthdoyl WIDOWED DIVORCED 7-15-00 White vrs ICA USUAL OCCUPATION (Give Lind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machinist Ret. Maryland USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Alice William W. Larkins Baublitz 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (if yes, give war or dates of service) 7. INFORMANT 4940 Eastern Avetagass SECURITY NO. BCH - Records 4918 Baltimore, Maryland 21224 12 No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: emonary injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ia the above cause (A) stating the mondia UNDERLYING CONDITION last CERTIFICATION Congosfine H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yos or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) ottended the deceased from. 24 71 8/26 that (1) (we) last saw the deceased alive on... ond that in(my) (opinion death occurred on the date and hour and from the causes stated obove. (1) (**Ea**) (dld) (didenot) view the body ofter death. 23A. SIGNATURE 238 DATE SIGNED 2AM Attending Med. written approval Phy s. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS W. Ramseur, MD 4940 Eastern Avenue Baltimore, Md 21224 DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 28 Baltimore, Md. Oaklawn Cemetery

Leonard J. Ruck Inc., Balto.

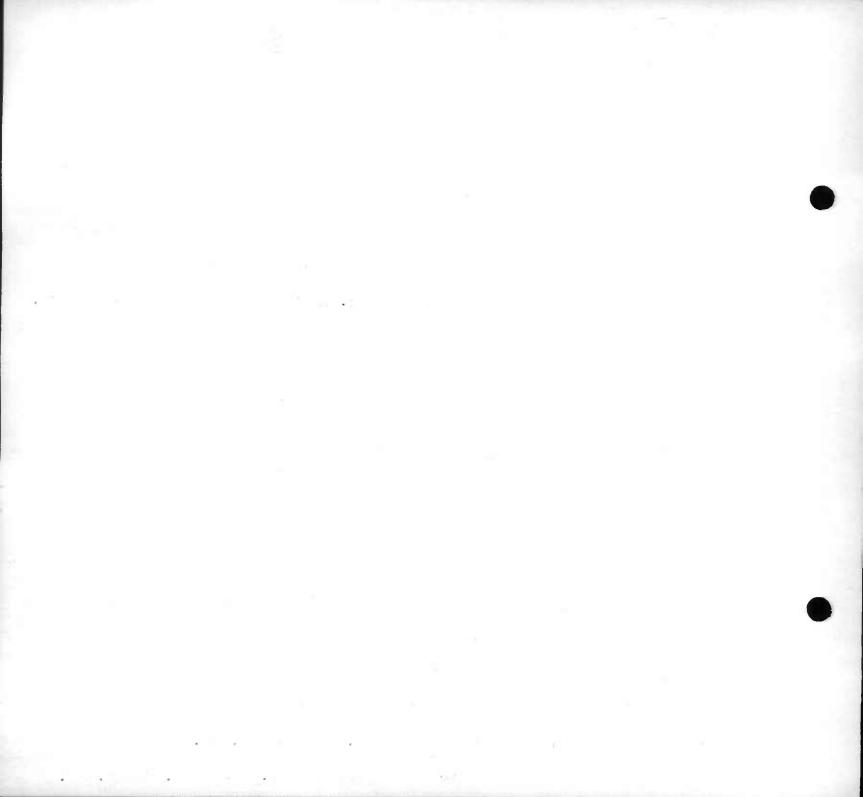
258 NAME OF REGISTRAR

T 10

M-11/A		HEALTH DEPARTMENT	71	8114
BIRTH NO. 76 91 8114 May	CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED EMMA	TILLER.	2. DATE AND HOU		7. 0
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	A USUAL RESIDENCE (Where decco	sed lived, If institutions	residence before admission)
HOSPITAL OR IN ADDRESS OR LOCATION)		MD. B	A L TO	5300
CHURCH HOME A	ND HOSPITAL	BALTIMORE	YES -	_
35		E. STREET AND NUMBER 1903 CRAF TO	N AVE.	
F WIDON		8. DATE OF BIRTH 9. AGE last birth	lin yeors If Und	or 1 Yr. If Under 24 Hrs. Doys Hours Min.
ioa, usual occupation (Give kind of work 108, KINI done during most of working life, even if refired) Ret. Typist	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign count MARYLAND,		AMERICA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		THE ROCK
JAMES C. 1	MILLER	EMMA WR	IGHT	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown! Ill yes, give war at dates of servi	A 11/1 10/12 may 10	17. INFORMANT	0040	ADDRESS
118. / / / / / / / / / / / / / / / / / / /	CAUSE OF DEATH	Mrs. Mable MacGr	egor 3213	Orlando Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		LIREMIA DUE	TO POPONIC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,	e.g., DUE TO, OR AS		AL FAILURE	UNKWOWN
heart laiture, asthenia, etc. It means the dise injury or complication which caused death.)	ose,	KEN	TE FILLUKE	
ANTECEDENT CAUSES		PARTTES MELLITUS		10 YRS
DISEASES OR CONDITIONS, if any, girnise to the above cause (A) stating		A CONSEQUENCE OF:		***************************************
UNDERLYING CONDITION last.	(c)			
2 11	ASHD, C	ONGESTIVE HEART FA	ILURE AND AR	PHYTHMER - UNKNOWN
TO THE DEATH BUT NOT RELATED TO THE TERMIN SIDE OF CONDITION GIVEN IN PART 1 (A).	NG IAL	STRESS ULCE	ER STOMACH	12 HKS.
8. 13. 1971 WAS PERFORMED FOR INSERTED FOR	OR WHICH OPERATION FRHANZNT PACE MAKE K HARKED SINUS BRADY()	20A. AUTOPSY? (Yes or No.) 20B. IS	YES, WERE FINDINGS	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF	21& PLACE OF INJURY le.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID	(If in Boltimare City, giv	re exact lacotian)
DEATH Inotify medical examined 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21% HOW DID INJURY OC	CURT	
(APPROXI	While At Not While At Work			
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that (1) (we) last saw the deceased alive			(aur) apinian dea	th accurred an the date
and have and from the causes stated above	0. (H) (We) (did) (did not) vi	ew the bady after death.		
23A. SIGNATURE Rustum. Ile	ALD. Atten	ding Med. Staff		E SIGNED
	DEGREE Phys.	Med. Stoff Phys.	08	,24.1971
23C. PHYSICIAM'S RUSTUM IRX	INI 17.D DEGREE	CHURCH I for	LE AND HOS	SPITAL
24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specily)		MATORY 24D. LOCATION	(City, town, o	or county) (State)
	Parkwood		lto. MD.	10000
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	I conord I Puo	k Ing Pal	ADDRESS + O M(I)
THILD XII THE MANAGEMENT OF ASSET	and all the same of the	Leonard J. Ruc	r THC. Dal	.co. MD.



BALTIMORE CITY HEALTH DEPARTMENT & 02 AM. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES L NO Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Arsy Jusy Dorsch 5706 Fair Oaks APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FIBROSARCOMA, METASTATIC 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) 2 / ond that in(my) (Qur) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) 258 NAME OF REGISTRAR Leonard J. Ruck Inc. Balto. VS 150-REV. 1/1/68



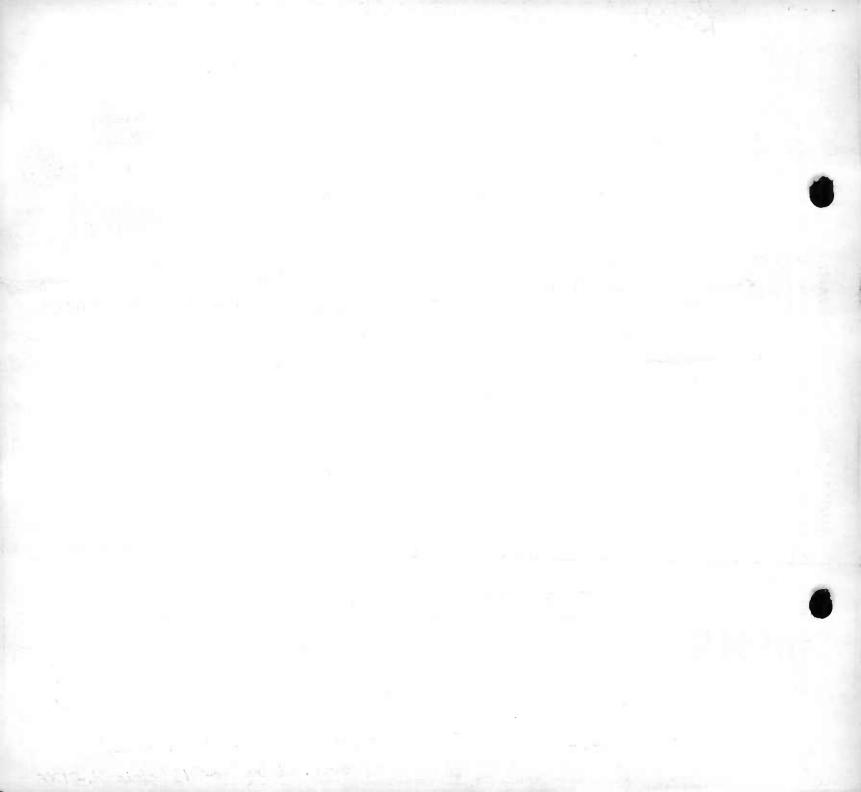
(State)

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

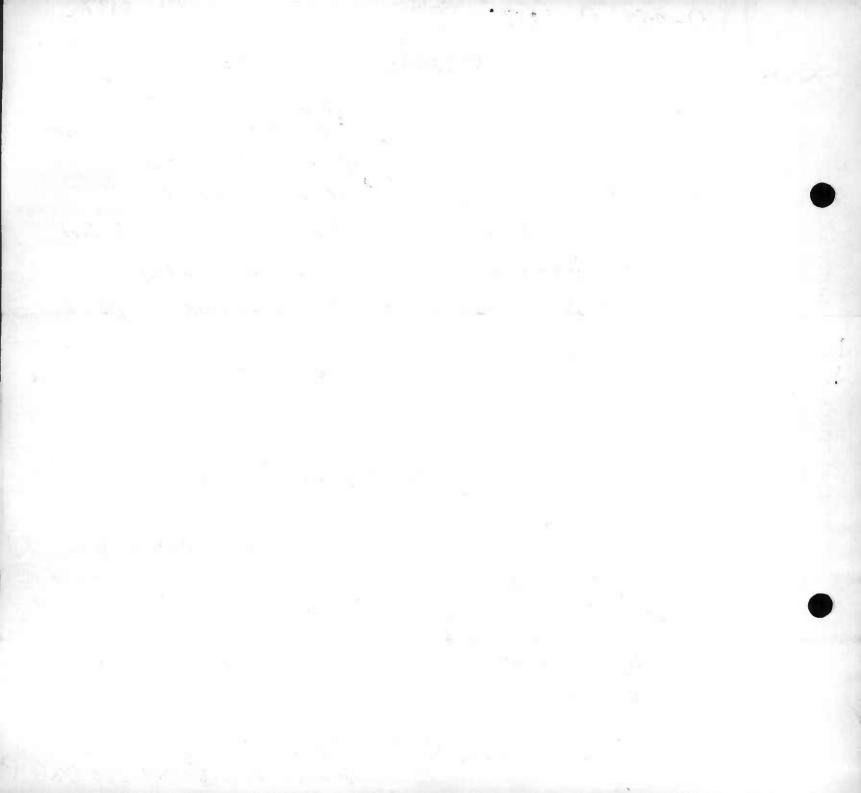


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

SIRTH NO. NAME OF DECEASED Type of Print)	18 CERTIFICA	TE OF DEATH	REG. NO.	
NAME OF DECEASED				81,18
Chamet -	Frank	2. DATE AND	AG-197	11345 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A STATE B COUNTY		on residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) NSDITUTION	NSTITUTION, GIVE STREET	5/13 /em	bulce H	ne 2731
Edgusod Tursing	Home	Dullo	YES	No □
Hospital or Address or Location in Spirition of The SIME GOOD Reliona A	re	5/13 Dem	buh au	re.
SEX 6. RACE 7. MAR WIDO	RIED NEVER MARRIED Z		AGE (In years If Ma	Under 1 Ye. II Under 24 Hrs. hths Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIN lone during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign	country) 12	CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		u s u
Um. Sch	midt	mary	Marl	The second states
5. Was Doceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or doles of serv	ice) 6. SOCIAL SECURITY NO. 213-07-7839A	mis. Mary B	Passford 5	113 Tembroke and
18. 4 12, 11	CAUSE OF DEAT		0	APPROXIMATE INTERVAL
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heart failure, asthenia, etc. It means the dis- injury or complication which caused death.)	ease,			
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UNDERLYING CONDITION last.	ING NAL FOR WHICH OPERATION 218 PLACE OF INJURY le.g., i home, form, factory, street, of etc.) 218. INJURY OCCURRED While At Not While Work 329 Not Work 330 Not While At Work 340 He decessed from the dec	20A-AUTOPST? (Yes at No.) n of about 21C. WHERE DID like bidg. INJURY OCCUR? 21F. HOW DID INJUR 22D. ADDRESS 52/7 / PR	(II in Baltimore City Y OCCUR? In (my) (aur) apinion 23R	death accurred on the date DATE SHENED M. Why or county) (Stole)

2002	() () () () () () () ()	CATE OF DEATH REG. NO. 71 8119				
death death seased n the Such	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	Kenneth W. Cooper	A USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
n a hospital cause of d use; (5) Dece tendance on r to death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Afrantino MA SKD				
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO.				
- 3.	73	PASAGENA YES NO. NO. NO.				
10 E E E E	South Battimore General	8458 Miramar St.				
ribu nine gula sed mad	5. SEX 6. RACE 7. MARRIED. NEVER MARRIED					
	M WIDOWED DIVORCED	8131134 36				
th oc con eteri n re	10A, USUAL OCCUPATION (Give Lied of work 10B, KIND OF BUSINESS OR INDUS					
or c ndet s in dec ition	Builder	Maryland U.SA				
if deect of was	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
	Kenneth 9 Cooper	Dorothy Monseberger				
assistant if the dir ny kind; od death lance on r final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
the chind deat	Unknown	Joan Cooper (wife) same				
	18. / CAUSE OF DE					
- Ou - E A-11	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Meta	static Cerebellar Neoplasm 31/2 yr.				
A O O E E	AIMMEDIATE	CAUSE AS A CONSEQUENCE OF:				
	heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	W X CONSEQUENCE OF				
fracture propertion	ANTECEDENT CAUSES					
xaminer. Xaminer. () A fractu who pro	DISEASES OR CONDITIONS, If any, giving DUE 10, OR	AS A CONSEQUENCE OF:				
a X () L B	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)					
D- " D " E	11					
Bi# F. 12 ≯ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. A COIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (c).					
Chief gody the p ysicia	19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING GAUSES OF DEATH?				
by by 2) B 2) B 6 ti phy	U 21A ACCIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (6					
	OP CONTESSITING CAUSE OF Second form fortery, street	g, in or obout 21C, WHERE DID (If in Boltimore City, give exect location), office bldg, INJURY OCCURY				
A C C Z Z Z	O	215 HOW DID INJURY OCCUR?				
ed in	OF INJURY (Month) (Doy) (Year) (Hour 21 & INJURY OCCURRED While At Not V	While -				
the hosen in y nate except and (6 obtains	22. I certify that (i) (this hospital) attended the deceased from					
pp the	that (1) (we) lost saw the deceased alive on 2 25	19 7/ and that in(my) (aur) apinion death occurred on the date				
of a	and haur and from the couses stated above (1) (We) (did) (did no	• • • • • • • • • • • • • • • • • • • •				
dent of death)	23A. SIGNATURE	238, DATE SIGNED				
3 6 5 6 6	Theremon of Housets m.D.	Attending Med. Steff 8 8 35 7				
s related	JOSEPHYSICIAN'S NAME (Type)	230. ADDRESS				
as at at at pro	I liam the M.D.	2007 Sulgrave Ave , Balto 21209				
y was rely was rely An acc. (1) An acc. (2) A. at a lot approved	24A. SURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (State)				
T-0 0 0 E	Burial 8/27/71 Glen Haven Mem	Pk Glen Burnie AA (o (o				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS				
the show was dece	AUG 30 1971 Robert & Jacker RA	McGilly FN. Mt & Truk Mede Rols				
	VS 150-REV. 1/1/68	7/1/2/				



VS 151-REV. 7/1/68

113 W. Jeffery St. DIG1/11/5 AND STAR GERER, SE. 22. Transfer of the state of the st AUE 3) TOT LE LEW SO, M. A. CORRO A. CORROS, CONTRACTOR BURS. e.ou (brokerial

VS 150-REV. 1/1/68

a hospital and

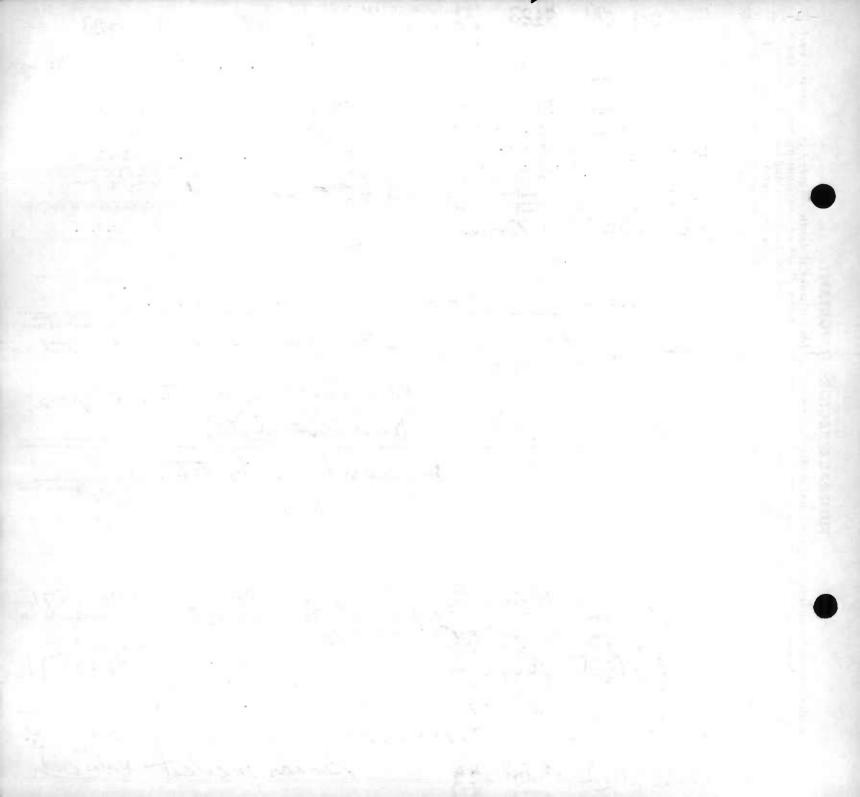
K-34)		TATE OF DEATH REG. NO.	71 8101
NAME OF DE	CEASED 8	121 CERTIFIC	CATE OF DEATH REG. NO.	OTOT.
	John A. Roede		8-27-71	10:55 P.
ULL NAME O		WHERE PRONOUNCED DEAD ITAL OR INSTITUTION, GIVE STREET CATION)	A. STATE B. COUNTY Maryland, Baltimore	ff institution: residence before admission
OSPITAL OR ISTITUTION	ADDRESS OR LOC	CATION)	Baltimore	INSIDE CITY LIMITS? YES NO D
Mercy	Hospital		6805 Beech Avenue 21	.206
SEX M	& RACE White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8-5-08 8-5-08 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A USUAL OC	CUPATION (Give kind of wo f working life, even if refired)	Disability Pension	TRY 11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTR
John Ro			14 MOTHER'S MAIDEN NAME Gesell Babett	1000
Wes Decease es, no of unknow NO	d Ever in U. S. Armed Fe n) Of yes, give war or da	les of service) 16. SOCIAL SECURITY NO.	Mrs. Alice M.Roedel Bal	Beech Ave. timore, MD.21206
heart failure injury or co DISEASES rise to the	not mean the mode of asthenia, etc. It mean mplication which couse ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) G CONDITION last.	the disease, d death.) S (8) DUE TO, OR	AS A CONSEQUENCE OF: DISLUSE AS A CONSEQUENCE OF:	telle
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 1198 CO	ONTRIBUTING Care	cinema of Ly	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	218 PLACE OF INJURY (6.5	1110	more City, give exact location)
DEATH (notifing 21D-TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
that (1) we	last saw the deceas			apinion death occurred on the dat
and hour an		ited above. (i) (We) (did) (did not	Attending Add. Shaff Phys.	23R DATE SIGNED 8 -28-71
23C. PHYSICI NAMA E A. BURIAL CRI	BERT	L. DoyLE DEGI	23D. ADDRESS 222 ST. PACI	L ST (City, lown, or county) (State)
3URIAL	Specify)	71 BELAIR MEM	ORIAL GARDENE BELA	11 0
	30 1971 326	STRUME OF REGISTRA	LASSAHN FUNERAL H	6ME BAHO, MD 212

See Its Property of the Control of t

B-463 71 8122		HEALTH DEPARTMENT	REG. NO.	71 8122
1. NAME OF DECEASED (Type or Print) Harold L. Ballard		1	ND HOUR OF DEATH	6.15 0
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. Il in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	A. STATE B. COUL Mary Land C. CITY OR TOWN		DE CITY LIMITS?
43 South Baltimore General	Hospital	Baltimore E. STREET AND NUMBER 810 East Fort	Avenue	YES NO .
5. SEX 6. RACE 7. MARRIED 6	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (in years	Il Under 1 Yr., Il Under 24 Hrs. Months: Days Hours Min.
Male White WIDOWED	DIVORCED	March 5, 1907	last birthdayl	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF Budone during mast of warking life, even it retired)	USINESS OR INDUSTRY 1	1. BIRTHPLACE (State at fare	eign country)	12. CITIZEN OF WHAT COUNTRY?
Pile Driver Construc	tion	New York		USA
13. FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME	1 45/1
Claude Ballard				1
15. Was Deceased Ever in U. S. Armod Farces? (Yes, no or unknown) (If yes, give wer or dates of service)	5. SOCIAL SECURITY NO. 72 03 4348	7. INFORMANT	810 East	Fort Avenue
18.	CAUSE OF DEATH	marti C. Dallar	<u>a Baltimore</u>	Maryland 21230
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,		Pneumonitis		2 days
heart toilure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which caused death.) ANTECEDENT CAUSES	Vinue	infection		4 days
DISEASES OR CONDITIONS, if any, giving		CONSEQUENCE OF:		
ise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	CONSEQUENCE OF:		
z II			-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION FOR WHI WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	*******************			
198. CONDITION FOR WH		NO	IN CERTIFYING CAT	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, etc.)	ACE OF INJURY (e.g., in a farm, factory, street, affic	e bldg., INJURY OCCUR?	(II In Baltimare	City, give exact lacotian)
OF INJURY (Month) (Day) (Year) (Haur) 21E IN	JURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX) While Work	At Work			
22. I certify that (1) (this hospital) attended the	deceased from Aug		19ta_Aug	
that (1) (we) last sow the deceased alive an	August 23,19	71 19 and th	at in(my) (our) opin	nian death accurred on the date
and hour and fram the causes stated above. (1) (We) (did) (did nat) vie	w the bady after death.		
23A FIGNATURE				23B, DATE SIGNED
The secret .	DEGREE Phys.	ing Med.	Shaff Phys.	8/26/71
23C.PHYSICIAN'S NAME Typel Harry Deibel M.D.	231	D. ADDRESS	er Street	Balto. Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY OF CREM	ATORY 24D. L	OCATION (Cit	y, town, or county) (State)
	r Hill (emete	nui Ba	ltimore, Mar	uland
AUG 30 1971 Cole & E. Jacke	REGISTRAR A.D.	2sc. FUNERAL DIRECTOR	100	East Fort Ave.
Ve 100 pri/ 1/1/20		The state of the state of	Dal	w, 11k, 214)U



1/ BALTIMORE CIT	Y HEALTH DEPARTMENT
H-320 1 8123 CERTIFICA	ATE OF DEATH REG. NO. 71 8123
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Della Hitch	Aug. 28, 1971 7:00 MP
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals	Baltimore YES NO
4940 Eastern Ave.	725 George St. Apt. 2C 21201
Baltimore, Md. 21224 5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years Il Under) Yr. 11 Under 24 Hrs.
Female Negro WIDOWED DIVORCED	7 20 1960 lost birthdoyl 7 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if refired)	T 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None none	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George King	Dora Barkley
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Ill yes, give war or doles of service) SECURITY NO.	17. INFORMANT 4940 Eastern Ave. ADDRESS
700 - 212-32-2085A	BCH Records: Baltimore, Md. 21224
18. 7/2 31 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Sepsis 3 m +1
(A) IMMEDIATE CA	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease,	A 1
ANTECEDENT CAUSES	employed attaits 10 types
DISEASES OR CONDITIONS, if any, giving (6) DUE TO, OR A	S A CONSEQUENCE OF:
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	ivetlauliti
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	on lance Cyclitic
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	120A AUGOSCO (Von or Noll 200 In Von Hutter ENDINGS CONSUMEDED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (4.9).	20A AUTOPST? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
. OR CONTRIBUTING CAUSE OF Shome, form, foctory, street	in or about 21 C. WHERE DID (II in Baltimare City, give exact location) office bidge INJURY OCCUR?
DEATH (notify medical examined etc.) 21D-TIME (Monihi (Day) (Year) (Hour) 21E INJURY OCCURRED While AL	216. HOW DID INJURY OCCUR?
While At Not Work At Work	ile
22. I certify that (I) (this hospital) attended the deceased, from	6/16 1971 10 8/28 1971
that (I) (we) just sow the deceased alive on 8 28	
and hour and from the causes stated above (1) (We) (did) (did not)	
23A. SIGNATURE	23B. DATE SIGNED
Kobert Right DEGREE PH	tending Med. Staff S/28/
23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS Baltimore City Hospitals
Robert Ruxin M.D.	
Buriel 9-2-71 The remark of CEMETERY of CI	Come 24D. LOCATION (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUMERAL DIRECTOR ADDRESS
MIC ON TOTAL P. R. O. E. Jacken K. A.	Booker merest Dalis, mil
VS 150-KEV. 14/6	



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

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CIN THE SHOP OF THE SECRETARIAN AND SHAPE LINES.

1 1/11 -1 1

¢.	d in a hospital and ing cause of death cause; (5) Deceased attendance on the rior to death. Such
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death's hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNER	This certificate must be approved by the chief rathe body was released to the hospital by a malows: (1) An accident of any nature; (2) Body was D.O.A. at a hospital (except where the placeased prior to death); and (6) No physicial written approval must be obtained before the

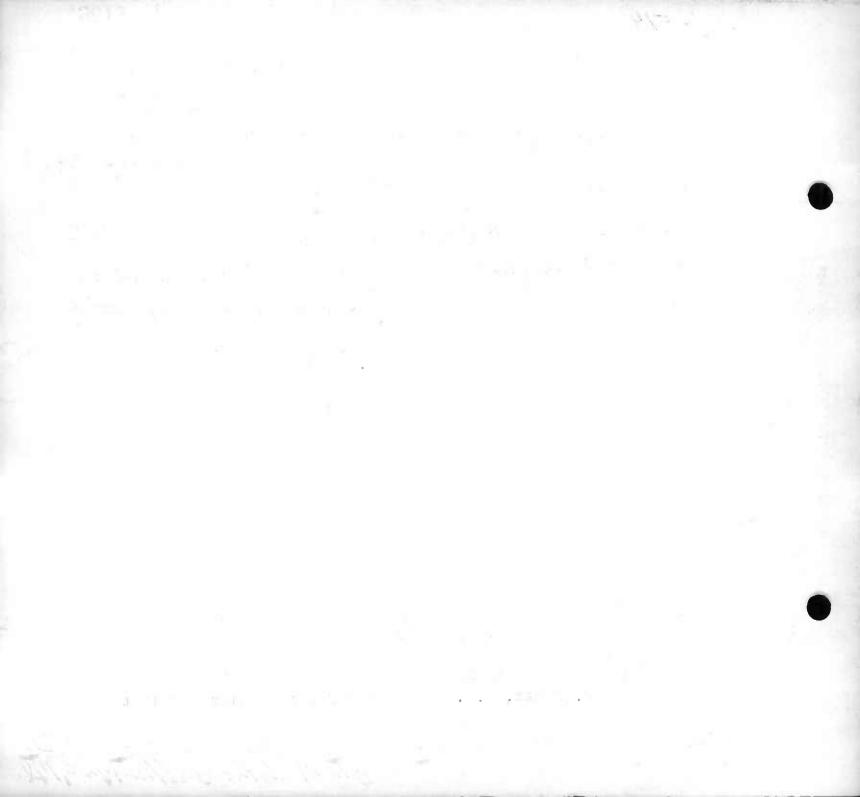
BIR	R-355	71 812	25		TE OF DEATH	X REG. NO. 71	8125
1,1	NAME OF DECEA			200441	2. DATE A	NO HOUR OF DEATH	
		AORE MARYLAND, W		RODMAN	U4 HEHAL BESIDENCE (WAS	25/71	1 6:55 Pm.
					4. USUAL RESIDENCE (Whe	NTY	titution; residence below admission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
	SINAI HO	SPITAL			BALTIMORE E. STREET AND NUMBER	WE CT	YES <u>№ NO []</u> 2/2/5
5. 1	SEX 6.	RACE WILITTE	7. 44 4 5 7 1 7 7		11 COBLESTO		
	MALE	XXX	WIDOWED			9. AGE (in years last birihday) 70	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
don	MERCHANT	king life, even if refired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore RUSSIA	ign country)	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	HERSCHEL	RODMAN			JENNIE	?	
15. (Ye:	Was Deceased Ev s, no or unknown) (If	er in U. S. Armed Fore yes, give wor ar dote	ces? s of servicel	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			214-14-0383		, 11 COBBLES	TONE CT., APT. £A
	LE (This does not	OR CONDITION DIS ADING TO DEATH mean the made of	dying, e.g.	CAUSE OF DEATH	selverous n	Moles	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH SMINNTES
	heart lailure, as injury ar compli	Ihenia, etc. II means catian which caused	the disease.)	A CONSEQUENCE OF		
		CONDITIONS, if		(B)	A CONSEQUENCE OF:		
	rise to the	abave cause (A)	stating the		uma prepr	nral	Smo
ATION	TO THE DEATH :	II ANT CONDITIONS COR BUT NOT RELATED TO TH DITTION GIVEN IN PART	E TERMINAL				
CERTIFICATION	19A DATE OF OI	PERATION 198. CONI WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT OR CONTRIBUTION DEATH (natify me	WAS UNDERLYING DISCOURSE OF CAUSE OF CAUSE OF		ne, farm, foctory, street, af	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	City, give exact facation)
MEDI	OF INJURY (APPROX.)	Aonth) (Doy) (Yeorl		INJURY OCCURRED ile At Not White the At Work	21F. HOW DID INJ	URY OCCUR?	1.7-1
	22. I certify the	at (1) (this hospital)	attended t	he deceased from	-a)	1960 to /	\\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		st saw the decease		8/24/	// -	/	an death accurred an the date
	and have and fe	am the causes stat	ed above. (I) (We) (did) (did nat) v	lew the bady after death.		/
	23A. SIGNATURE	my	Her	After Phys	nding Med.	Staff Phys.	23B. DATE DIGNED
	23C. PHYSICIANTS NAME (Type	JJA	1EA1	(23D. ADDRESS 7/5	PRAIL +	ts19 h
24A	REMOVAL (Sp	TION, 248, DATE	24C.N	AME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stotel
	BURIAL	8-27-71		FERETH ISRAEL	ANSHE SFARD RO	OSEDALE, MARY	/LAND
25A	AUG 30			P REGISTRAR	SOL LEVINSON	& BROS.,6010	REISTERSTOWN ROAD
VS	150-REV. 1/1/68						

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IMPORTANT

DIRECTOR:

FUNERAL



0 11/1 71 01	BALTIMORE CIT	Y HEALTH DEPARTMENT	/1 8127
C-140 71 81	27. CERTIFICA	ATE OF DEATH REG. NO	
1. NAME OF DECEASED	HAPPELL.	2 DATE AND HOUR OF DEATH AUGUST 14, 1971	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before admission)
FULL NAME OF IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	MARYLAND -	2775
50 Bouton Green		BALTIMORE	SIDE CITY LIMITS? YES X NO
Baltimore, Md.		E. STREET AND NUMBER	100 100
		50 BOUTON GREEN	
FEMALE WHITE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	3-18-11: 9. AGE (In years lost birthdoy) 57	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired) HOUSEWIFE	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEW YORK STATE	U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
JOHN CHAMBERLAIN			Ulive house or and
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or doles of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
NO	SECURITY NO. 081-14-7614		O Bouton Green
18. 1 17 11 11	CAUSE OF DEAT		altimore, Md.
DISEASE OR CONDITION DIRECTLY		Breast carcinoma	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA	(Metastatic)	2 years
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	B. C	A CONSEQUENCE OF:	
injury or complication which caused death.)			
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if any, gi	ving DUE 10, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last	(c)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING			FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID (If In Boltimo ffice bidg., INJURY OCCUR?	re City, give exact location)
OF INJURY (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While Work At Work	lo 🔲	
22. I certify that (I) (this hospital) attend		A	FUST 14 1071
that (1) (we) last saw the deceased alive	on AUGUST 1	ond that In (my) (our) opl	Inlon deoth occurred on the date
and hour and from the causes stated above	e. (!) (We) (did) (did not) v	view the body after deoth.	
23A. SIGNATURE	A		238, DATE SIGNED
Carelina, Sly	HCC DEGREE Phy	meding Med. Stoff Phys. Director Phys. D	AUG. 16, 1971
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	.D. DEGREE	819 Park Ave., Baltimore,	Md. 21201
24A. BURIAL CREMATION, 24B. DATE / 24	C. NAME OF CEMETERY OF CRI		ity, town, or county) (State)
AUG 30 1971	MP OF REGISERAR	25C. FUNERAL DIRECTOR	ADDRESS NA
VS 150+REV. 1/1/68		Pro fessional Mortury	Service Balto, Md.

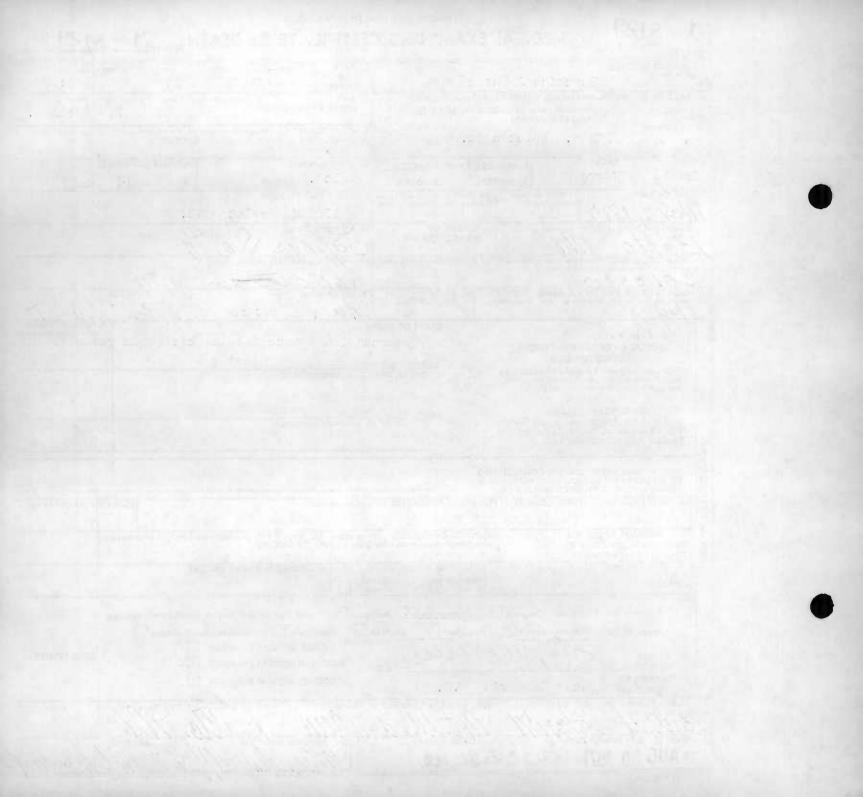
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VS 150-REV. 1/1/68

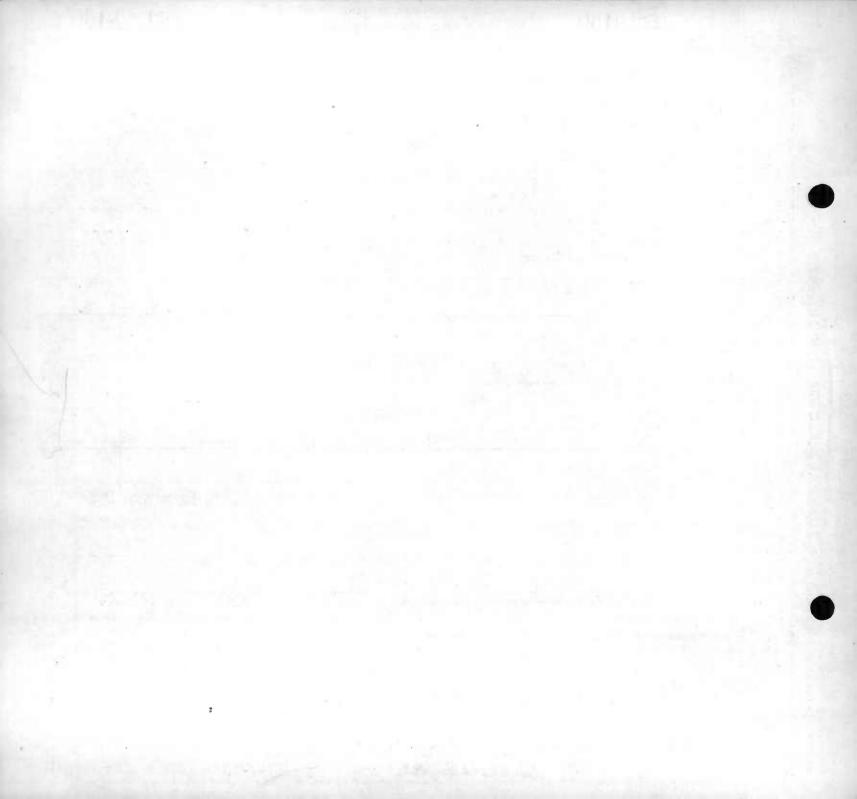


BALTIMORE CITY HEALTH DEPARTMENT

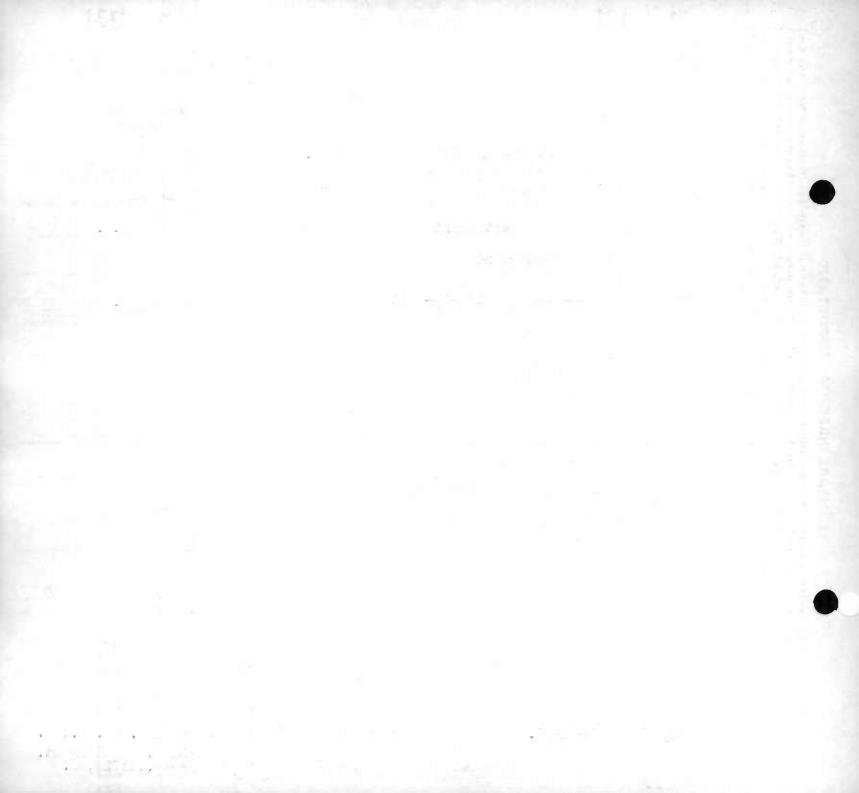
BI	L 81.7	29	MED	ICA	L EX	AMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO	1 8	129
1.	NAME OF DEC	CEASED					2. DATE	Knawn 3	Month	Doy	Year	Hour
(Туі	e or Print)	Ве	atrice				OF DEATH	Estimoted	8	27	71	9:25 p _M
4.	LACE IN BAL	TIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE		Month	Day	Year	Havr
HO	L NAME OF SPITAL INSTITUTION	(IF NO ADDRE	T IN HOSPITA	IL OR INS	OITUTITE	N, GIVE STREET		RESIDENCE (When	8	27	71	19:25 р. м
	00		N. App	1eto	n St		A. STATE	KESIDENCE (WHAT	e deceased i	B. COUNTY	in: residence	1502
6. 5		7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY C	RTOWN		D. INSIDE C	ITY LIMITS?	
I	emale	Negro)	WIDON	WED [DIVORCED [Balt	.0.		1 ,	ES 🗷	NO 🗆
9. [Pory 2,	1917	10. AGE (In lost birthdo	yeors y)	If Und Manth	der I Yr. II Under 24 Hrs. s Days Haurs Min.		O2 No App	leton :			
11.	300 /	tote or loreig	in country)			TIZEN OF HAT COUNTRY?	13. PATHE	R'S NAME	Smi	th		
14A done	USUAL OCCU	PATION(Giver orking liferer	e kind of work en if relired)	14B. KINI	D OF B	USINESS OR INDUSTR	15. MOTH	ER'S MAIDEN NA	ME	0.7	./	
147	WAS DECEASE	SFIC	U.S. ADAUTO	FORCE	eo 1	7.606(4)	AN	VICE Green	MG/S=1	SM111	7	
(Yes	NAS DECEAS	(il yes, give w	vor or dotes	of service	9)	SECURITY NO.	18. INFO		es /	136 13	DDRESS	low-SX
	9. ///	7.2.				CAUSE OF DEA	1	/		24/2		PROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	TIY		Hyperi	tension	& Arteri	oscler	otic car	rdiovas	TEN ONSET AND DEATH
		LEADING TO	DEATH			(A)IMMEDIATE	AUSE	di	sease			
	(This does n heart failure	ot mean the , osthenia, etc.	made of dyl	ing, e.g.,		DUE TO, OR	AS A CONSE	QUENCE OF:				
	injury ar con	plication which	ch caused dea	ith.)								
		NTECEDENT				(8)						
	RISE TO THE	OR CONDITION OF CAR	USE (A) STAT	, GIVING ING THE		DUE TO, OR	AS A CONS	EQUENCE OF:				
Z	UNDERLYIN	NG CONDIII	ON LAST.			(c)						
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	II IDITIONS CO RELATED TO GIVEN IN PA	ONTRIBUTHE TERM	TING							
ERT						HICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes ar Na)
-1	()										T	10
EDICA	UNDERLYING		TRIB-		228. PL home,	ACE OF INJURY(e.g., form, factory, street, affic	In ar obout bidg., etc.)	22C. WHERE DID	(If In Balilma	re City, give ex	oct location)	
Σ			ay) (Year) (Hau	r) 22E	INJURY OCCURRED		22F. HOW DID IN	JURY OCC	JR?		
	(APPROX.)				m. WH	IILE AT NOT	WHILE ORK					
	23.	Ify that I he	eld an Ir	nguiry, [7	Inspection Au	tapsy 🔲	and that on th	të baëte	doods to our	andalan.	
		ed fram: N		-		cident Suicid				ned manner	-	
		_	1	7/.	- 1	122		CHIEF MEDICAL E		lea manner (
	SIGNATU		211	VL	ev	llec M.D	ASS	ISTANT MEDICAL E		Txx		DATE SIGNED
	EXAMINI	ER'S	V.					OCIATE MEDICAL E		ī	8,	/28/71
244	NAME (T	11-1	eter Li	pkov								
REA	BURIAL CREA OYAL (Special Survival) DATE REC'D	1	48. DATE	1550 N	1	NAME OF CEMETERY	son Op	PUNERAL DIRECTO	Sall	(City, Tew)	d.	(Slote)
204	ALE VEG D	- I HEALIN A	wast to Mr				1756	PUNEKAL DIRECTO	414			
	AUG 9	0 1971	Rober		-	es, MD,	9//	Mauritia	ents	Jano 31	DDRESS	Budul



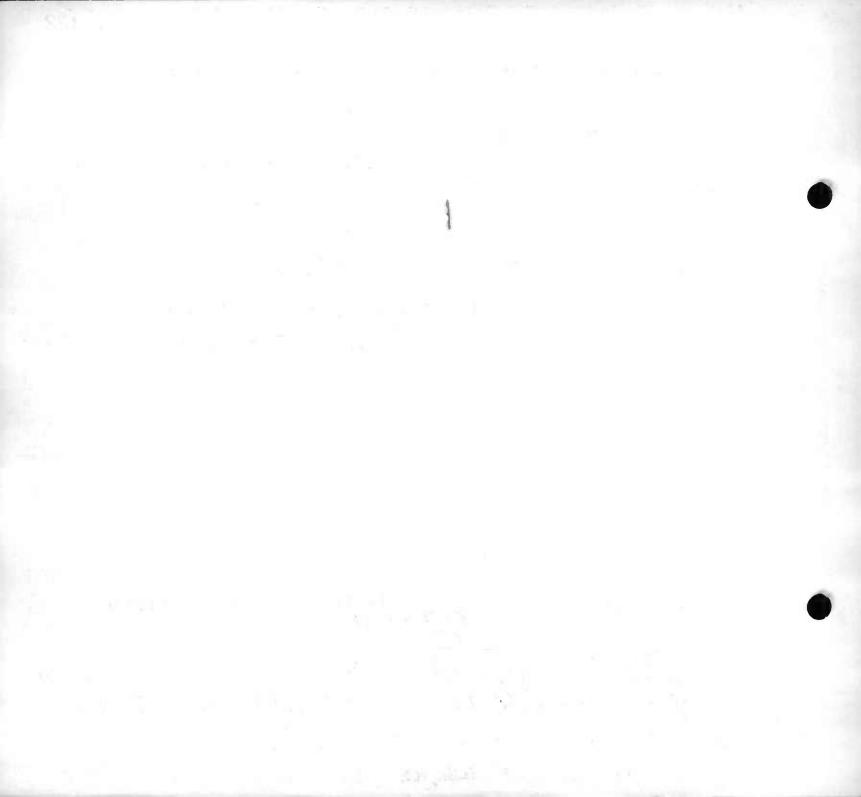
	1014	0420		BALTIMORE CITY	HEALTH DEPART	TMENT	+-	14 0436	r
D 1 D=1 *		8130		CERTIFICA	TE OF DE	ATH C	REG. NO/	14 8130	,
BIRTH 1, NAA	ME OF DEC	EASED			*	01.	OUR OF DEATH		-
Туре	or Print)	RACHEL W	ILLIAMS						
3. PLA	CE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUI	NCED DEAD	4. USUAL RESIDE	NCE (Where de	ceased lived. If i	nstitution: residence b	efare admissia
ELLE	NAME OF	TIROU IN TOTAL	AL OR INSTITU	TON CIVE STREET	MD.	b. 0001411		1	702
HOSPI	NAME OF	1102 Druid H	ATION)	IION, GIVE SIKEEI	C. CITY OR TOWN		D. INS	SIDE CITY LIMITS?	1
143111	OHON	1102 Diula A	III Ave.		Baltimor	ce		YES * N	0
0	0				E. STREET AND N				
					1102 Drui	id Hill /	ve.		
SEX	F	6. RACE B	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years birthday)	If Under 1 Yr. I Months: Doys H	f Under 24 Hr ours Min.
			WIDOWED	DIVORCED	4-26-1899		72		
		JPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	itate ar foreign c		12. CITIZEN OF W	HAT COUNT
one a	uring most of v	working life, even it refired;			Norfol	Lk VA.		U.S.A.	
3. FA	THER'S NAM	ME			14. MOTHER'S MA	AIDEN NAME		1	
		Robert Pinn	er						
5. Wo	s Deceosed	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT			ADDRESS	
Yes, no	o or unknown)	(If yes, give wor or date	s of service)	SECURITY NO.					
10				CAUSE OF DEAT		Griffin	-2929 W.	Mosher St.	MATE INTERVAL
18	4/1	114		CAUSE OF DEATH	C.C.	(1-1)			NSET AND DEA
		E OR CONDITION DE	RECTLY	A-	3.0	0 1		100	
		of meon the mode of		(A) IMMEDIATE CAL	ISE A CONSEQUENCE O)F·			***************
		osthenio, etc. It meons							
- 1		ANTECEDENT CAUSES							
0		R CONDITIONS, if		(8)	A CONSEQUENCE	OF:			
		obove couse (A)		DOE 10, OK A3	A CONSEQUENCE	01.			
U	NDERLYING	CONDITION Iosl.		(c)					
z		II							
Ĕ IO	THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL						
& DI	SEASE OR C	ONDITION GIVEN IN PAR	RT 1 (A).	HICH OPERATION	20A. AUTOPSY?	(Yes or No) 20	B. IF YES WEDE	FINDINGS CONSIDE	RED
ERTIFIC)	WAS PER	FORMED		2010131:	IN	CERTIFYING CA	FINDINGS CONSIDE	
0 21	A. ACCIDEN	T WAS UNDERLYING	21B, F	LACE OF INJURY (e.g.,	n or obout 21 C. WHI	ERE DID	(If in Boltimo	re City, give exact loc	ption)
4 DI		TING CAUSE OF medical examiner	home etc.)	, farm, factory, street, of	mice bidg., INJURY	OCCUR?			
9	D. TIME	(Manth) (Day) (Year)	(Hour) 21F	NJURY OCCURRED	21F. HOV	W DID INJURY	O C CUR?		
W 01	FINJURY		While	At C Not Whil	e 🗆	O.D. IIIIOKI			
(A	(PPROX.)		Work				P()		
22	2. I certify	that (1) (this haspita	l) attended the	deceased fram	POY	len-	of to	8-12-	197/
th	at (1) (we)	last saw the decease	ed alive an	8-17	- 19:71	and that in	(my) (aur) op	inian death accurr	ed an the d
ar	nd haur and	from the causes sta	ted abave. (1)	(We) (did) (did not) v	lew the body afte	er death.			
23	A. SIGNATU	8/2 - O.	1-1					238, DATE SIGNED	
	1	Jaren	COL	Cu DEGREE Phy	ending Med S. Dire	Staff		8-25-	1/
23	C. PHYSICIA	N'S		DEGREE	23D. ADDRESS				
	NAME	DR. BARBU CA	LIN	AND ALL OF	831 Popla	argrove	St.		
24A. B	BURIAL CRE	MATION, 24B. DATE		OEGREE ME of CEMETERY of CRI		24D. LOCA		City, town, or county)	(Stote)
F	REMOVAL (S	ipecify)	100						
Bur:		8-27-71 BY HEALTH DEPT.	Arb	utus Memorial	Park	DIRECTOR		Arbutus,	Md.
LUM. L	411	- Company of the Comp		aben M.D.		lizabeth	Law 802	Madison Av	
C 150	0-REV. 1/1/6		POSTS CAL			27			-1146
3 150	J-Kt. V. 1/1/6	В				3.			



VS 150-REV. 1/1/68



NZZH	BALTIMORE CITY HEALTH DEPARTMENT
sed the tre	BIRTH NO. 71 8132 CERTIFICATE OF DEATH REG. NO. 71 8132
deat deat deat n th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
of deat Of deat Decease on th	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admissibility)
8 (3)	A. STATE B. COUNTY
a ho cause se; (5 sndai	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OF THE PROPERTY OF THE
= 3= .	520 S. ELLWOOD AVE. BALTIMORE P. INSIDE CITY LIMITS?
ed in ting d cau r att prior	E. STREET AND NUMBER
	5. SEX , G. RACE 17. MARRIED THE WARREN TO BRANCH SERVICE
occurre ontribut erminec regular regular is made	MARKIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months Days Haurs Min.
	10A, USUAL OCCUPATION (Give kind of work) 10R KIND, OE BUSINESS ON INDUSTRY
or condet	done during most of working life, even if refired) CABINET MAKER RET. WOODWORK POLAND 12. CITIZEN OF WHAT COUNTRY? U. S. A.
if deect (4) Ur was the	13. FATHER'S NAME
	SOHN JULIA
MPORTAN: his assistant lso, if the di of any kind; unced death thendance on ed or final di	The state of the s
SSISTANT THE CHILD CONTROL OF CHILD CONT	NO 215-05-6216 MRS. MARY NASASZEWSKI 520 S. ELLWOOD FUE
his asso, if any need or do	APPROXIMATE INTERVAL
IMPC or his c Also, is e of an nounce attend	LEADING TO DEATH (properties that lacking 20 400
. h. h. ma	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,
OR: niner iner. ractu	injury ar camplication which caused death.)
E E to De	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if any, giving ise to the obove cause (A) stating the
	UNDERLYING CONDITION last. (C)
AL E edica edica burns hysicin was	O OTHER SIGNIFICANT CONTRIBUTING
VERAL DI	C DISEASE OR CONDITION GIVEN IN PART 1 (A)
2 2 2	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUI tal by s; (2) B here the	216 FEACE OF INJUNT (6.0. IN OF GOOD) 2 C. WHERE DID
=======================================	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
-B C = 5 - TO	21D.TIME (Manth) (Dayl (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Wark At Wark
0 0 0	22. I certify that (1) this hospital) attended the deseased fram 1-26 19 70 to 8-25-71
of of oil	tha (1) (we) last saw the deceased alive on 5-23-7/19 and that in (my) (aur) opinion death occurred on the date
0 D + ± 5 ±	and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
SPOPE	23B, DATE SIGNED
E 0 U n + 0	23C. PHYSICIAN'S NAME Liype 23D. APDRESS Aftending Med. Staff Director Phys. Staff Phys. Staff Director Phys. Director Phys. Staff Director Phys.
ifficate y was r. (1) An at 3.A. at c d prior	1 7.7. NIZNIK MI) 429 NIZOTE AT 31231
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (State)
bod Vs: D.O	BURIAL AUG. 27.1971HOLY ROSLRY CEMETERY PRAITINANCE MIRNIALIS
This cert the body shows: (was D.O decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25GGENNERAL DIRECTOR
F + 4 5 0 5	VS 150-REV. 1/VGB.
	THE PARTY OF THE P



a haspital and

				REG. NO	71 913
BIRT	TH NO. 71 8133	CERTIFICA	TE OF DEATH	KEG, NO	0.10
	AME OF DECEASED AMANDA YEA	GER		HOUR OF DEATH	7/ 8
3. P	PLACE IN SALTIMORE, MARYLAND, WHERE PRONDU		4. USUAL RESIDENCE (Where	deceased lived, If in:	stitution; residence before
FUI	LL NAME OF OF OF NOT IN HOSPITAL OR INSTITU	JTION, GIVE STREET	MD.		18
HO:	NOTITION		C. CITY OR TOWN		DE CITY LIMITS?
1000	CHURCH HOME AND H	OSPITAL	BALTIMORE E. STREET AND NUMBER	=	YES NO
Janes of	50		2537 FLEE	ET STREE	T.
5. SI	MARIUED	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yo. If U Months Doys Hours
104	WIDOWED		6.21.03	66	12, CITIZEN OF WHA
	e during most of working life, even if refired)	BOSINESS OR INDUSTRI	MARYLAND.	a country!	
13. (HOUSEWIFE FATHER'S NAME		14 MOTHER'S MAIDEN NAM		AHERIC
[CASPER HORST				// AND
5, 1	Was Deceased Ever in U. S. Armed Forces? t, no or unknown! [If yes, give war of dates of service]	I & SOCIAL	HENRIET 17. INFORMANT	A HO	ADDRESS
Yes	i, no or unknown! (If yes, give war or dates of service)	SECURITY NO.	MR. WM. YEAG	EO AFA	7 FIET
	18. 7 5 0 9	CAUSE OF DEAT	H JENG	EN das	APPROXIMAT
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSE
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CA	USE CEREBRAL TH	ROMISOSIS	5 day
	heart failure, astheria, etc. It means the disease, injury ar complication which caused death.)	DUE 10, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	AD-EDI	200 - 200 - 200 - 200	MARGILL AND DE	
- 3		100 111516	OSCIEKOTIC CHKDIO	- ANDOOFLE TO	SEASE UNKNO
	DISEASES OR CONDITIONS, If any, giving		OSCLEROTIC CARDIO		ISENSE UNKNO
	DISEASES OR CONDITIONS, If any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF: ETES HELLITUS		UNKNO UNKNO
	tise to the above cause (A) stating the UNDERLYING CONDITION last,	(c) DIAR	ETES HELLITUS		UNKNO
NOL	tise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(c) DIAR			UNKNO
АПОИ	itse to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(C) DIAR	ETES HELLITUS	EHY DRATION	N UNKNO
ENTIFICATION	other significant conditions contributing to the DEATH but not related to the terminal Disease or condition given in part 1 (a). 19A. DATE OF OPERATION 19A. CONDITION FOR YOUR SERVICE OF THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a).	(C) DIAR RENAL 1	NSUFFICIENCY, DE	EHY DRATION 208, IF YES, WERE IN CERTIFIING CAN	UNKNO UNKNO FINDINGS CONSIDERER USES OF DEATH?
CERTIFICATION	OTHER SIGNIFICANT CONDITION I GET. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 17A. DATE OF OPERATION 17S. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121E. Short Contributing 121E. Short Contribution 121E. Short Contributing 121E. Short Contrib	(C) DIAR RENAL 1	NSUFFICIENCY, DE	EHY DRATION 208, IF YES, WERE IN CERTIFIING CAN	N UNKNO
CAL CERTIFICATION	TISE to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A-DATE OF OPERATION 19-B CONDITION FOR WAS PERFORMED 21-A ACCIDENT WAS UNDERLYING 21-B hom DEATH (notify medical examined)	RENAL 1 WHICH OPERATION PLACE OF INJURY (e.g., farm, foctory, street, c.	NSUFFICIENCY, DE 20AAUTOPSYS (Yes or No) or about 21C, WHERE DID ffice bidg. INJURY OCCURY	208, IF YES, WERE IN CERTIFYING CAI	UNKNO UNKNO FINDINGS CONSIDERER USES OF DEATH?
DICAL CERTIFICATION	TISE to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179B. CONDITION FOR Y WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21B. hom etc.] OR CONTRIBUTING CAUSE OF bom etc.] 21D-TIME (Month) (Doy) (Year) (Hour 21E.)	RENAL I WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, sheet, e.g., form, foctory, foctory, form, foctory, foctory	NSUFFICIENCY, DE 20AAUTOPSY? (Yes or No) In or about 21C, WHERE DID INJURY OCCURY 21E, HOW DID INJU	208, IF YES, WERE IN CERTIFYING CAI	UNKNO UNKNO FINDINGS CONSIDERER USES OF DEATH?
MEDICAL CERTIFICATION	TISE to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179 DATE OF OPERATION 179. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 179. CONDITION FOR WAS PERFORMED 179. CONTRIBUTING 179. CAUSE OF DEATH (notify medical examined etc.) 21D. TIME (Month) (Doy) (Year) (Hour UNDERLYING 179. CONTRIBUTING 179. CONTRIBUTING 179. CAUSE OF DEATH (notify medical examined etc.)	RENAL 1 WHICH OPERATION PLACE OF INJURY (e.g., e., farm, foctory, sheet, e.) INJURY OCCURRED The At Not Which the Control of the Control	NSUFFICIENCY, DE 20AAUTOFSY? (Yes or No) In or about 21C, WHERE DID ffice bidg. INJURY OCCURY 21F. HOW DID INJU	208, IF YES, WERE IN CERTIFYING CAN	VNKNO VNKNO FINDINGS CONSIDEREE USES OF DEATH? e City, give exact locotion
MEDICAL CERTIFICATION	TISE to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. hom of the contributing Cause of DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. (APPROX.) 22. I certify that (+) (this hospital) attended the contribution of the	RENAL 1 WHICH OPERATION PLACE OF INJURY (e.g., e., farm, foctory, sheet, e.) INJURY OCCURRED The At Not Which the Control of the Control	NSUFFICIENCY, DE 20AAUTOPSYR (Yes or No) In or about 21C, WHERE DID INJURY OCCURY 21F. HOW DID INJU	208, IF YES, WERE IN CERTIFYING CAN (II In Boltimore	UNKNO UNKNO FINDINGS CONSIDERED USES OF DEATH? City, give exact location
MEDICAL CERTIFICATION	TISE to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 17A. DATE OF OPERATION 17B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. White (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (We) last saw the deceased alive an	RENAL 1 WHICH OPERATION PLACE OF INJURY (a.g., e., form, foctory, street, e., form, foctory, form, foctory, form, foctory, form, foctory, form, foctory, form, foctory, foctory, form, foctory, form, foctory, f	NSUFFICIENCY, DE 20AAUTOPSYT (Yes or No) 10 or about 21C, WHERE DID 10 mile 21E, HOW DID INJU	208, IF YES, WERE IN CERTIFYING CAN (II In Boltimore	VNKNO VNKNO FINDINGS CONSIDEREE USES OF DEATH? e City, give exact locotion
MEDICAL CERTIFICATION	TISE to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR Y WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hous) 21E. OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive an and hour and from the causes stated above. (4) 23A. SIGNATURE	RENAL 1 WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, e INJURY OCCURRED IN Not Whith the deceased from 8 97.	NSUFFICIENCY, DE 20AAUTOPSY? (Yes or No) In or about 21C, WHERE DID INJURY OCCURY 21E, HOW DID INJURY 19	208, IF YES, WERE IN CERTIFYING CAN (II In Boltimore RY OCCURY	UNKNO UNKNO FINDINGS CONSIDERED USES OF DEATH? City, give exact location
MEDICAL CERTIFICATION	TISE to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 17A-DATE OF OPERATION 17B CONDITION FOR Y WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B, home of the contributing Cause of DEATH (notify medical examined etc.) 21D. TIME (Month) (Doy) (Year) (Hour of INJURY (APPROX.) 22. I certify that (H) (this hospital) attended that (H) (we) last saw the deceased alive an and hour and fram the causes stated above. (Heather the course stated above.)	RENAL 1 WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, e., form, foctory, foctory, e., form, foctory, foctory, foctory, foctory, foctory, foctory, foctory, foctor	NSUFFICIENCY, DE 20AAUTOPSY? (Yes or No) In or about 21C, WHERE DID INJURY OCCURY 21E, HOW DID INJURY 19	208, IF YES, WERE IN CERTIFYING CAN (II In Boltimore	UNKNO UNKNO FINDINGS CONSIDERED USES OF DEATH? City, give exact location 8. 27 Inlan death accurred
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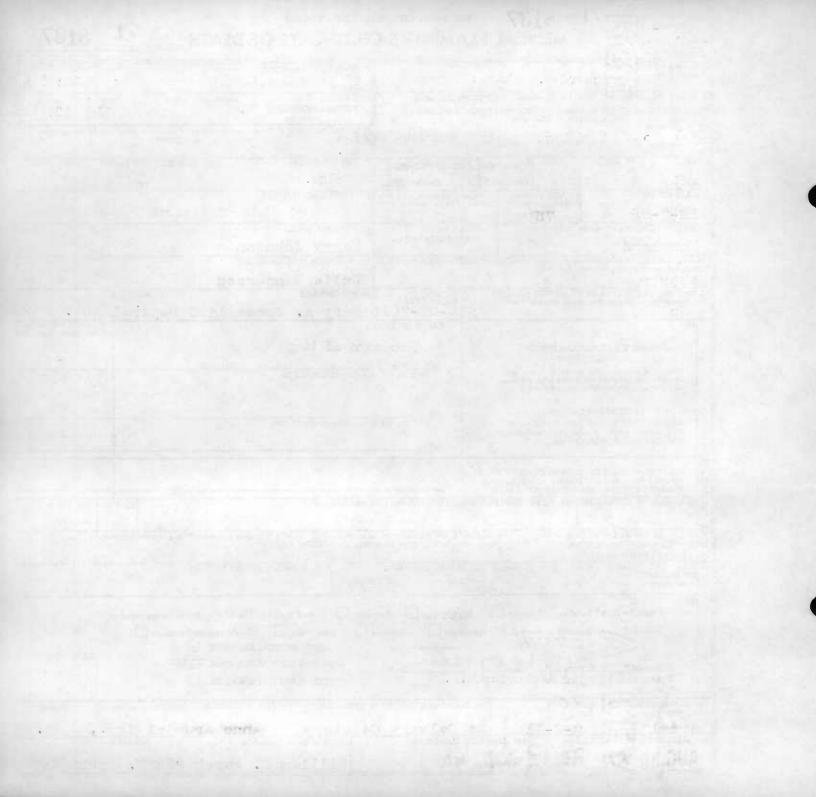
	7 - 257 mi	ITY HEALTH DEPARTMENT 71 8136
	0100	ATE OF DEATH REG, NO.
	I.NAME OF DECEASED Type or Printl	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	8-24-71
	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY HIMTES
		c. CITY OR TOWN D. INSIDE CITY LIMITS? YES X NO []
	700	E. STREET AND NUMBER
	Hack Your Musua Home	110 5 Willard ST
5	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years 8 II Under 1 Yr., II Under 24 Hrs. Months; Days Haus; Min.
	WIDOWED N DIVORCED	118-9-13
Ī	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
	chave speak Steel	north carlian USB
11,	3. FATHER NAME	14. MOTHER'S MAIDEN NAME
	Cithus & authoris	muller
100	5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
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	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
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	DISEASES OR CONDITIONS, il ony, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:
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	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
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12140	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11	OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bldg. INJURY OCCUR? (If In Baltimare City, give exact location)
1	DEATH (notify medical examined etc.)	
	21D. TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Not W.	
	22. I certify that (I) (this hospital) attended the deceased from	
	that (i) (we) last saw the deceased alive on	
	and haur and fram the causes stated abave. (1) (We) (did) (did nat)	
	23A. SIGNATURE	
		Hending Med. Stoff S
	23C.PHYSICIAN'S DEGREE PH	23D. ADDRESS
	23C. PHYSICIAN'S NAME (Type)	VE Red It Be X mo 21 vo
24	A BURIAL CREMATION 1248 DATE 1246 NAME - CEASESTED	

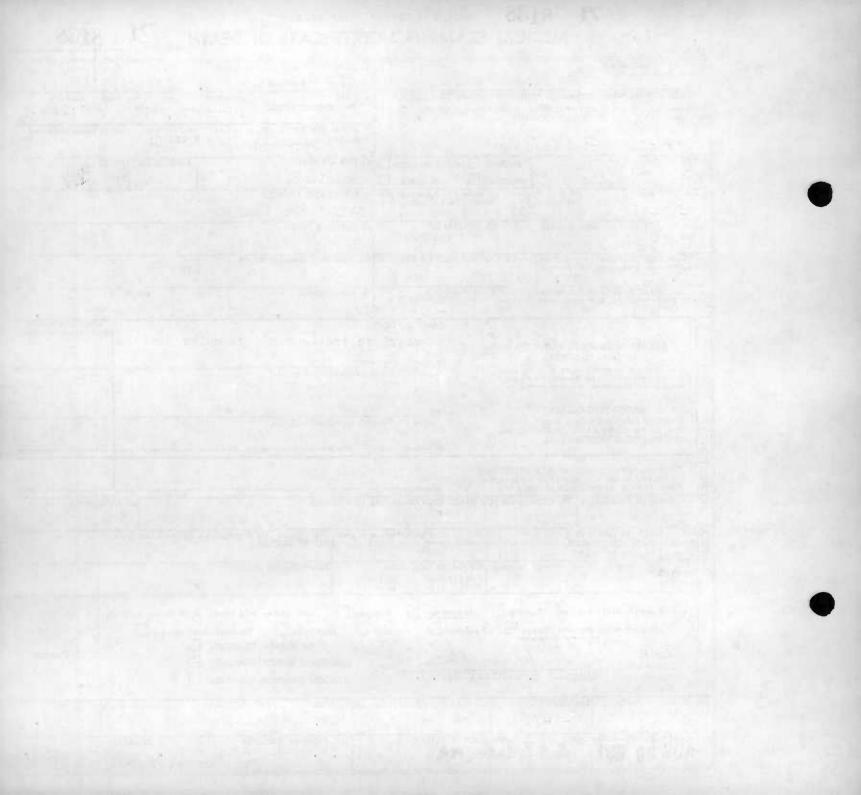
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4. P	LACE IN BA	TIMORE, MA	RYLAND, W	HERE PR	NONOU	NCED DEAD	3. D				Month	Doy	Yeor	Hour M.
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	WAS DECEAS					. SOCIAL	18, 1	NFORM	LATINT	11/1	erry	Music	ADDRESS ,	
(Yes,	no or unknown	(Il yes, give v	wor or dotes o	of service))	SECURITY NO	· ///	111	The	14	aires	2119	16/100	to 60,01
ī	9. 200	4 .				CAUSE OF	DEATH	70 71	010	wer	-, w	2101		ROXIMATE INTERVAL
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	RISE TO THE	E ABOVE CA	ONS, IF ANY, USE (A) STAT	GIVING ING THE		DUE TO	OR AS A	CONSEC	NENCE	OF:				
Z	UNDERLYIN	NG CONDITI	ION LAST.			(c)						9		
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CERTIFICATION	TO THE DE	CONDITION	RELATED TO T GIVEN IN PA	RT 1 (A).	INAL									***************************************
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اد	2A. FYTER	NAL CAUSE	MAS	1	228 BLA	CE OF INITION	/a - 1	L	C WILLE	of DID	// · P !··	Ct.	yes	
EDIC	UNDERLYING	OR CON	TRIB-		home, fo	CE OF INJURY rm, foctory, stree	t, office bldg.	, etc.) IN	JURY O	CCUR?	(it in Boltimo	re City, give e	exact location)	
	22D. TIME OF INJURY (APPROX.)	(Month) (D	ρογ) (Year)			EAT C	NOT WHILE		F. HOW	V DID IN	JURY OCC	UR?		
2	3.	ify that I h	eld an In		,	nspection 🗌	Autopsy	XI	and a	ha e au el	ta basta	death in m		
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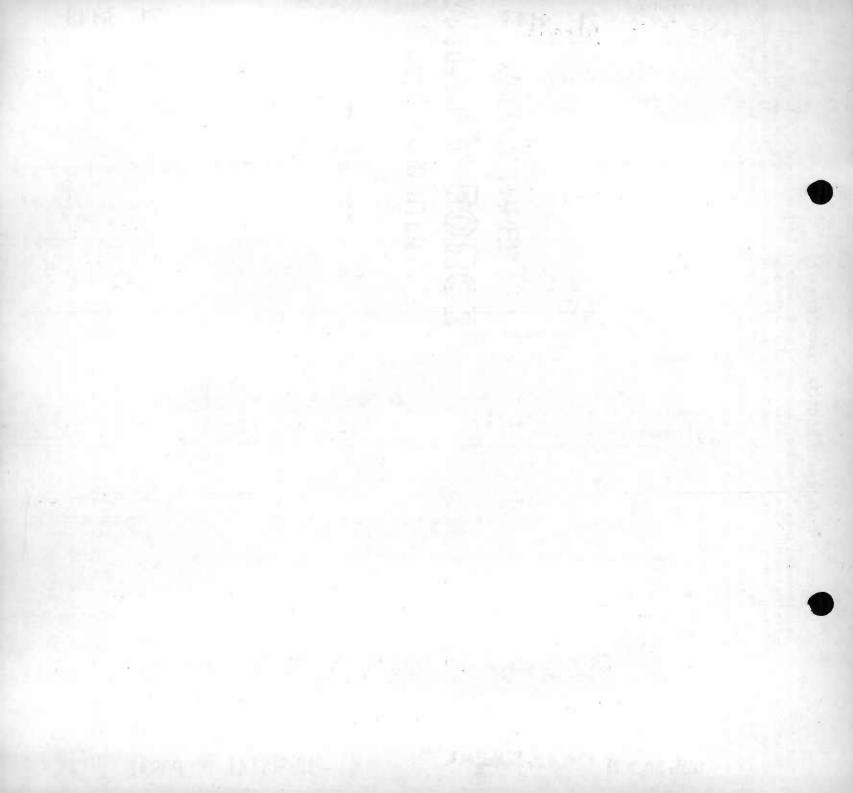
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IMPORTANT	or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death	e of any kind; (4) Undetermined cause; (5) Deceased nounced death was in regular attendance on the attendance on the deceased prior to death. Such med or find disposition is made
FUNERAL DIRECTOR: IMPORTANT	This cortificate must be approved by the chief medical examiner of the body was released to the hospital by a medical examiner.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such and (6) No physician was in regular attendance on the deceased prior to death. Such

1-453 71 8144	CERTIFICA	TE OF DEATH	REG. NO	71 8144
BIRTH NO. 1. NAME OF DECEASED (Type or Print) ALBERT	LALON	2. DATE AL	NO HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Who	re deceased lived. If i	2/ 2-40 P
FULL NAME OF HOSMTAL OR IN HOSMTAL OR IN ADDRESS OR LOCATION) BACTIMERE CITY 4940 Eastern Avenue	HESPITAL	C. CITY OR TOWN Baltimore E. STREET AND NUMBER	THE PARTY B	SIDE CITY LIMITS? YES NO
Baltimore Maryland 2122 5. SEX 6. RACE 7. MARR		B. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
MACE CAUC. WIDOW		6-5-00	last biethday	Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHFLACE (State or for Canada	ign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Claudias Lalonde		Rose Bea	uchamb	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) Of yes, give war or dotes of servi	security No. 712-12-2940A	17. INFORMANT 49 BCH-Records Ba	940 Eastern	
ise to the above cause (A) staling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	(c) POST	CONTRACTIVE PUR	LWONARY M	atelectasis
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A CONDITION FOR CONTION AS PERFORMED ARCING	MA LUNG	1 YES		FINDINGS CONSIDERED AUSES OF DEATH? Yes
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 & PLACE OF INJURY le.g., i home, furm, lactory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Baltima	ore City, give exact facation)
OF INJURY IMPROX.) (House)	21E INJURY OCCURRED While At Not While Work Work At Work		JURY OCCURT	
22. I certify that (I) (this hospital) attended	ed the deceased from	8-5-	19 71 to 8	2519_71_
that (1) (we) last sow the deceased alive	on8=25	19 <u>71</u> and t	hat In (my) (aur) op	Inlon death occurred on the do
and hour and fram the causes stated abov	e. (1) (We) (did) (did not) v	view the bady after death.		
23A. SIGNATURE	M365 DEGREE Phy		Staff Phys,	8/25/H
NAME (Type) Nigel D. Fox NIGEL D.	FOX. DEGREE	230. ADDRESS 4940 Eas BALTIM	tern Ave.	Balto.Md. 21224
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, town, or countyl (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Callann ME OF REGISTRAR	25C. FUNERAL DIRECTO	Baly. 1	Nd 263 8 Conkley

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JMI	(]	C-650 71 8145 CERTIFICATE OF DEATH REG. NO. 71 8145
	f death eceased on the h. Such	BIRTH NO. CERTIFICATE OF DEATH REG, NO. 12 0140
		CHARRON, HAROLD WILBUR (Sr.) 2. DATE AND HOUR OF DEATH AUGUST 27, 1971 1:57 A.M.
	hospital use of a (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	hospi use o (5) D dance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	in a had cause; attende	ST AGNES HOSPITAL C. CITY OR TOWN BALT I MORE P. INSIDE CITY LIMITS? YES NO XX
	ting d cau r att	CATON & WILKENS AVENUES E. STREET AND NUMBER
	de a de	BALTIMORE, MARYLAND 21229 119 CEDAR HILL ROAD
0	occurre ontribut ermined regular eased p is made	MALE WHITE WIDOWED DIVORCED 02/22/15 In the birthday) Months: Days Haurs Min.
	ath condeter in redece	10A. USUAL OCCUPATION (Give kind al work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) 12. CITIZEN OF WHAT COUNTRY?
IMPORTANT	E. C.	Hooker On SHIPYARD MASSACHUSETTS U.S.A.
	# 9 € ¥ ± g	TO MOTHER'S MAIDEN NAME
	후드 교육 모두	15. Was Deceased Ever in 11. S. Armed Farence 11.6 COCIAL 17. OVER 11.5.
	T 0 . E 0 0 0	SECURITY NO. BALTO MD 21229
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	lso, of a uncertence	DISFASE OF CONDITION DIPECTLY
=	niner or niner. Als fracture o pronou gular att embalme	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
OR:		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
5		ANTECEDENT CAUSES
ECT	6 X ~ ~ 5	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
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-	dical dical urns; (rsicia was main	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA	med y bu phy ian v	TO THE DEATH BUT NOT RELATED TO THE TERMINAL VALUE DISEASE OR CONDITION GIVEN IN PART 1 (A).
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F	サーショ・エー	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR?
	ved by the hospital nature; (ept whe d (6) No sined be	O 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AL
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	ppro the any (exc ; an	22. I certify that (1) (this hospital) attended the deceased from AUGUST 23 19 71 to AUGUST 27 19 71
		that M (we) last saw the deceased alive an AUGUST Z/ 19 / and that in M (aur) apinian death accurred an the date
	sa pir ed	and haur and from the causes stated above. (X) (We) (did) (4)(4)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)
	30.5 5 7	Attending Med. Shaff 8/27/7/
	0 - 0>	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BALTO MD 21229
	certificat sody was vs. (1) An D.O.A. at ased pric	CHARLES R. CHANEY, M.D. ST AGNES HOSPITAL CATON & WILKENS AVES
	E	REMOVAL (Specily) 24D. LOCATION (City, town, or county) (State)
	This certifue body shows: (1) was D.O. deceased written a	Burial 8/30/71 Cedar Hill Cemetery Anne Arundel Co., Maryland
	This the k show was dece	AUG 30 1971 Blook & Jakes KA George J. Conce, 4001 Ritchie Hgwy.
		VS 150-REV. 1/1/68

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201 (201) (1012) (2 2 1 A LANGE AND RESERVE AND A TELESCOPE TO A TO A SECOND
TARREST AND AND LOCAL CONTRACT OF THE PARTY
G-66A	71 8148		HEALTH DEPARTMENT	hau a		
BIRTH NO.	0110	CERTIFICA	TE OF DEATH REG. NO.	71 8148		
ITuna as Dated to the	aret A.	Gray	2. DATE AND HOUR OF DEAT	171 12.30 pm		
3. PLACE IN BALTIMORE A			A. STATE B. COUNTY M. C. CHY OR TOWN D. INSIDE CITY LIMITS?			
		ISTITUTION, GIVE STREET				
South Bailt	imore Ge	n. Hocpital	Baltimore	YES NO		
4-3			2315 Anna no/15	Road		
5. SEX 6. RACE	W WIDON	NED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-1-86 9. AGE Un years lost birthday) 84	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done during most of working life, Homemaker	even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NAME			14 MOTHER'S MAIDEN NAME			
Nichola	s Fishbaugh	1	Martha (Unknown)			
(Yes, no or unknown) (If yes, gi	S Armed Forces? ve war or dotes of servi	cel 16. SOCIAL SECURITY NO.	Dr. R. Siviltogra South	3 allimone General Hospi		
18. 4/19 4	1	CAUSE OF DEATH	1	APPROXIMATE INTERVAL		
DISEASES OR COND tise to the above UNDERLYING CONDIT	cause (A) stating 10N last. II IDITIONS CONTRIBUTII RELATED TO THE TERMIN	(c)	A CONSEQUENCE OF:	15 ECILL		
DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. ACCIDENT WAS U	N 198 CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING C. DEATH (notify medical ex	NDERLYINO AUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID (II In Boltim	ore City, give exoct lacation)		
OF INJURY (APPROX.)	(Doy) (Year) (Hour)	While At Not White Work At Work	21F. HOW DID INJURY OCCUR?			
22. I certify that (1) (this hospital) attended the deceased from 22 Rug 19 71 to 24 Rug 19 71 that (1) (we) last saw the deceased alive an 24 Rug 19 71 and that in(my) (our) opinion death occurred on the date						
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.					
23A. SIGNATURE	irithara.		nding Med. Stoff	238, DATE SIGNED 8/24/7/		
23C. PHYSICIAN'S NAME (Type)	Siriltaro	12	30. Appress Sould Baltimore General	al Hospital.		
REMOVAL (Specily) Burial		oudon Park Cemet		City, lown, or county) (State)		
AUG 30 1971	Caber E Ja	AS OF REGISTRAR	25C. FUNERAL DIRECTOR Howard H. Hubbard, 410	ADDRESS		
/S 150-PEV 1/1/68				7-7		

THE RESIDENCE

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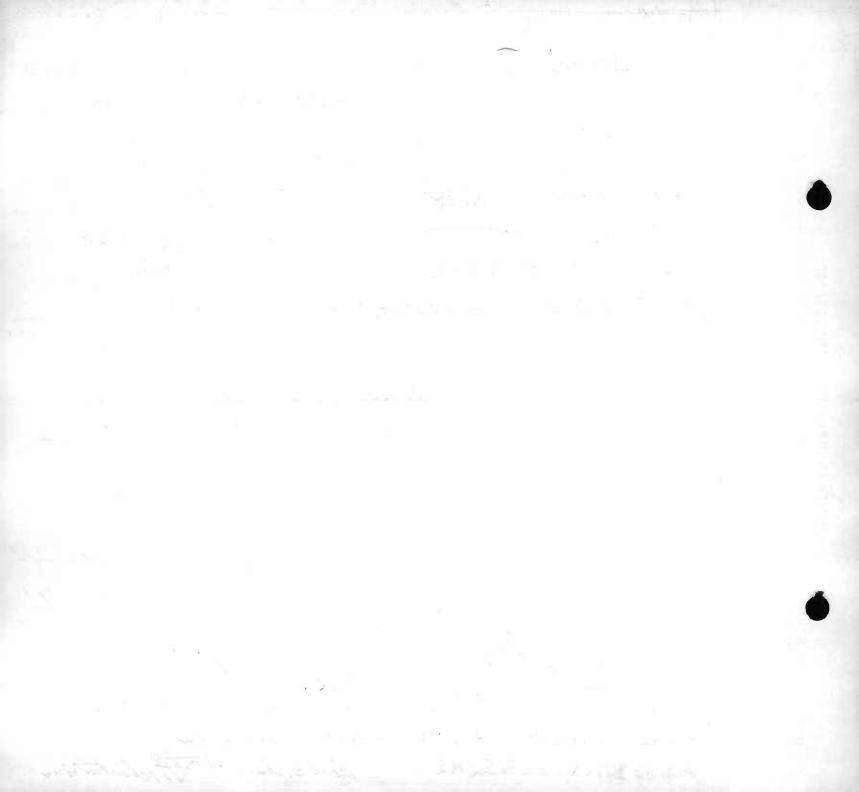
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24A, BURIAL CREMATION. 24B, DATE 24C, NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BURIAL 8-27-1971 Baltimore National Cem. Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 151-REV. 1/1/68

Title Market Har D. and Result, the Symmetry Dr. 212



1	B-42671 8151	BALTIMORE CITY	HEALTH DEPARTMEN	NT Pyd	out!
BI	U-9~671 8151	CERTIFICA	TE OF DEAT	H REG. NO.	8151
1.1	NAME OF DECEASED	11 0 11 0 5		TE AND HOUR OF DEATH	
	JOHN DL	NCHER		8-28-71	6:05Am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	A. STATE &	IWhere deceased lived, If ins	titution; residence before admission)
H	JLL NAME OF IF NOT IN HOSPITAL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOWN	4ND	F CITY HAPPEN
1111	WORTH CHARLES GFA	1. Hosp.	BACTIM	ORE D. INSIL	YES NO
ll i	+ 4	1,049	E. STREET AND NUM	BER	1
-	1 9		1130 FA	CCOHICL DO	<i>Y.</i>
	MALE 6. RACE WHITE 7. MARRIED WIDOWED X	SE WORCED	7-26-9.	2 AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	(133/1737)		MARGEA	100	USA
13.	FATHER'S NAME	100	14. MOTHER'S MAIDE	011-	71
15	JOHN N. BLUC.		MARY	SHENOW,	1/h
(Ye	s, no or unknown) (If yes, give wor or dotes af service)	6. SOCIAL SECURITY NO. 215-09-1713.A	Chart In	Koplel	ADDRESS
0	18. 2 5 0 .91	CAUSE OF DEATH		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Rouge	O Failure	G 5-71
	This does not mean the mode of dving, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	· / accure	8.0
1	heart failure, asthenia, etc. 11 means the discose, injury or complication which coused death.)	A -	A 7 0	1-1	2004
1	ANTECEDENT CAUSES	(B) Acu	le pyels	nephriles	Rear
	DISEASES OR CONDITIONS, it any, giving rise to the above couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	000	11/2 7
ļ.	UNDERLYING CONDITION lost.	(c) 000	acces /1	ellettes	grans
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0	1 - 1	(:	9
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Ciril	wer of	Lifty	yes
ERTIFICATION	19A-DATE OF OPERATION 198 CONDITION FOR WE WAS PERFORMED	IICH OPERATION	20A. AUTOPSYZ (Yes	or No) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING 218, PI OR CONTRIBUTING CAUSE OF home,	LACE OF INJURY (e.g., in form, factory, street, aff	or obout 21 C. WHERE Dice bldg. INJURY OCC	OID (if in Boltimore	City, give exact location)
<u>3</u>	DEATH (natify medical examiner) etc.)			7.0	
MEDI	OF INJURY	NJURY OCCURRED		D INJURY OCCUR?	
-	Wark	L. At Work		- >1 Q	000 71
	22. I certify that (I) (this hospital) attended the		5,	19 / ta	, ,
	that (i) (we) last saw the deceased alive on	8	('		tan death accurred an the date
	and haur and from the causes stated above. (1)	(We) (dtd) (dtd nat) vi	iew the bady after de		23B, DATE SIGNED
	Marankes	Alter Phys	nding Med.		8-28.71
	PANE (Type) MANAGE (Type) MANAGE (Type)	UKIL MO	Worlh Ch	LARLES GER	V. Hoso
24	A. BURIAL GREMATION, 248. DATE 24C. NAN				, town, or county) (Stole)
12	BURIAL 8/30/71 CA	ROENSOF	FA1517	BALTO, MO	
25	AUG 30-1271 - CLG & C. Jack	REGISTRAR	25C. FUNERAL DIRE	CTOR COS	ADDRESS Aug
1	150 001 1/0/00				



Thyrodian sugar in proper security to a security considered inforces 8/37/7



IMPORTAN

DIRECTOR:

FUNERAL

FUNERAL DIRECTOR: IMPORTANT

R.263 71 8155		TE OF DEATH	REG. NO. 71	8155		
I, NAME OF DECEASED HARY COLOR	RICHARDSO	2. DATE AN	ND HOUR OF DEATH	14, 9,15 P		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROFULL NAME OF HOSMITAL OR ADDRESS OR LOCATION) HOSMITAL OR ADDRESS OR LOCATION)	DHOUNCED DEAD	A. STATE & COUNTY OF THE COUNTY OF TOWN C. CITY OR TOWN BALTIMO E. STREET AND NUMBER	D. INSID	VECITY LIMITS? YES NO S AVE		
S. SEX F 6. RACE 7. MARR WIDOV	VED DIVORCED	8. DATE OF BIRTH	SA,	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.		
ICA. USUAL OCCUPATION (Give kind of work 108, KING done during most of working life, even if refired) DAMES+IC 13- FATHER'S NAME	Family	11. BIRTHPLACE (State or fore MARY L.P.	ign country)	12 CITIZEN OF WHAT COUNTRY?		
CHARLES	CASKINS	BESSIE				
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) Uf yes, give war ar dotes of servi	16. SOCIAL SECURITY NO. 220-30-5153	Charles Gas	KINS 4416	ADDRESS		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the diseinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give ise to the above cause (A) stating UNDERLYING CONDITION last.	(8)	A CONSEQUENCE OF:	e Corem	BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OP OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	NG AL					
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exect location;		
21D.TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21 E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?			
22. I certify that (I) (this haspital) attended the deceased from 8/26/19 7/ to 5/26/19 7/ that (I) (we) last sow the deceased alive an 8/26/19 7/ and that in (my) (aur) opinion death accurred an the date ond hour and fram the caused stated above. (I) (We) (did) (did not) view the body after death.						
23C.PHYSICIAN'S C. NAHAS	DEGREE Phys	Med. Director D	Stoff Phys.	8/26/7(
24A. BURIAL CREMATION, 24B. DATE 24C	DEGREE C. NAME of CEMETERY OF CRE		CATION (City,	town, or county) (Stote)		
REMOVAL (Specify) BUY 12 8-31-71 M 25A. DATE REC'D BY HEALTH DERT. 25B. NAM AUG 31 1971; Walked E. 46	t Calvary Co		RAPERTURALE			
VS 150-REV. 1/1/68						

435/70

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9/14/71 - Correction form from funeral director.

ABC.

DIRECTOR:



9237 Winning Way

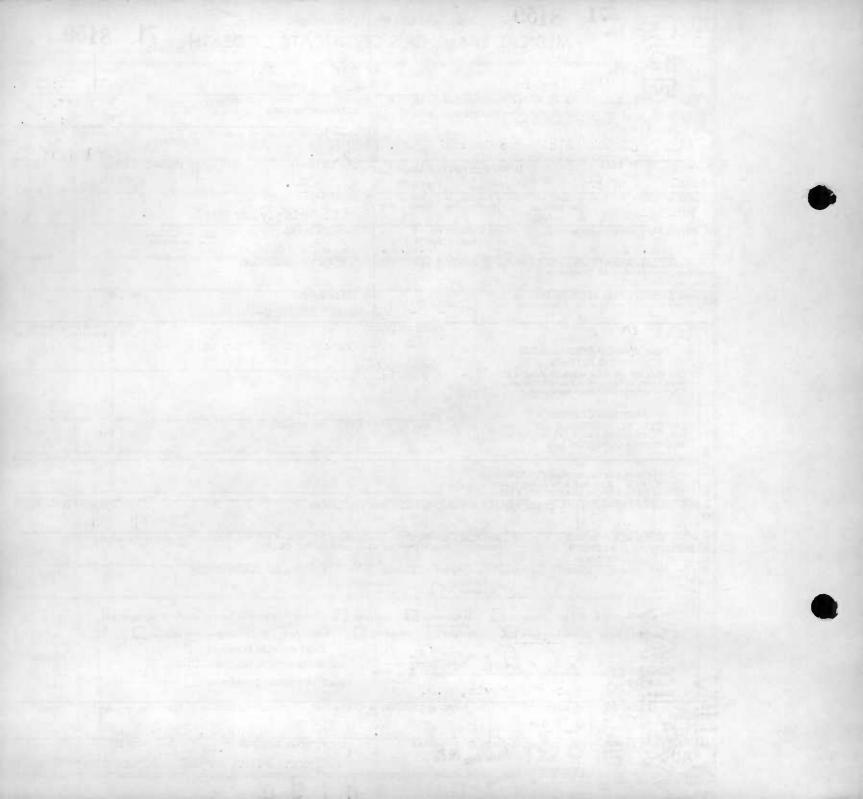
VS 151-REV. 1/1/68

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1 1 5 /

Kelson F.H.

1348 Calhoun Street



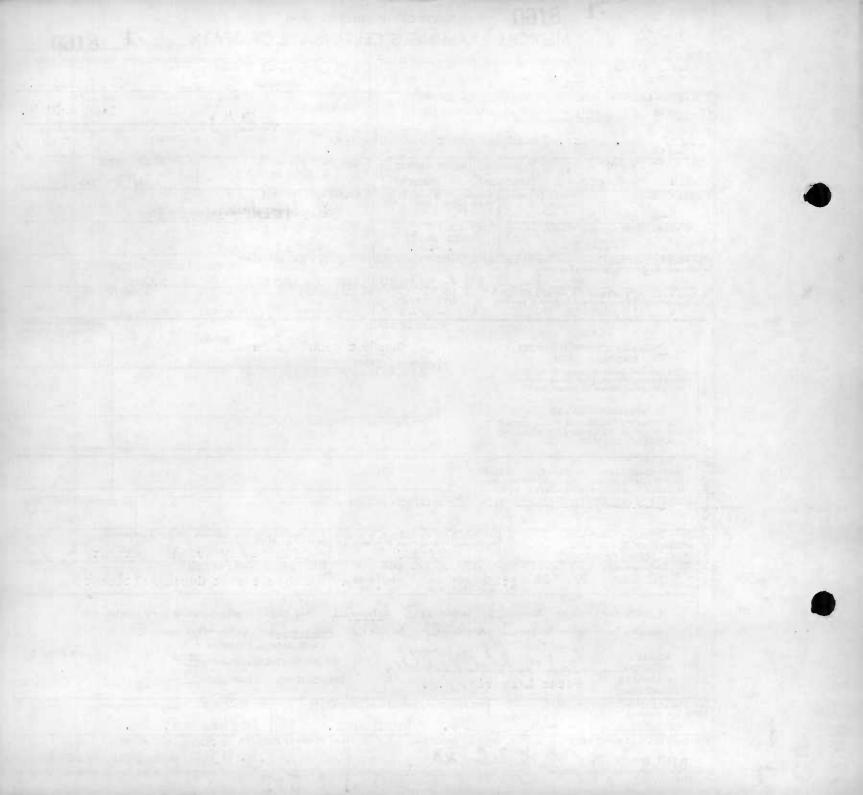
25C. FUNERAL DIRECTOR V. Bailey ADDRESS

Kelson F.H. 1348 Calhoun Street

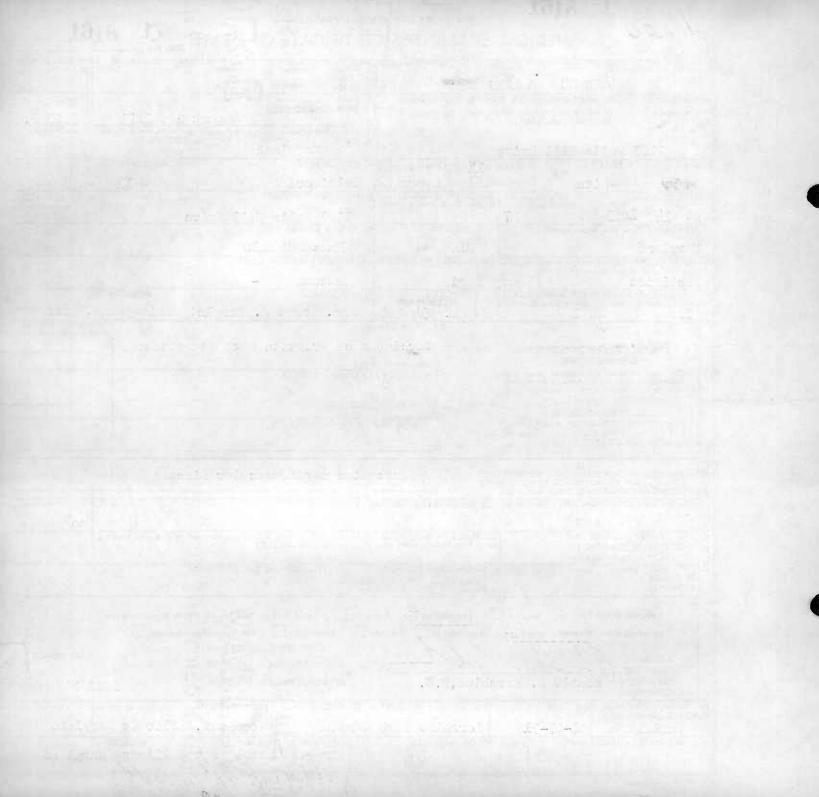
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 3/1/68

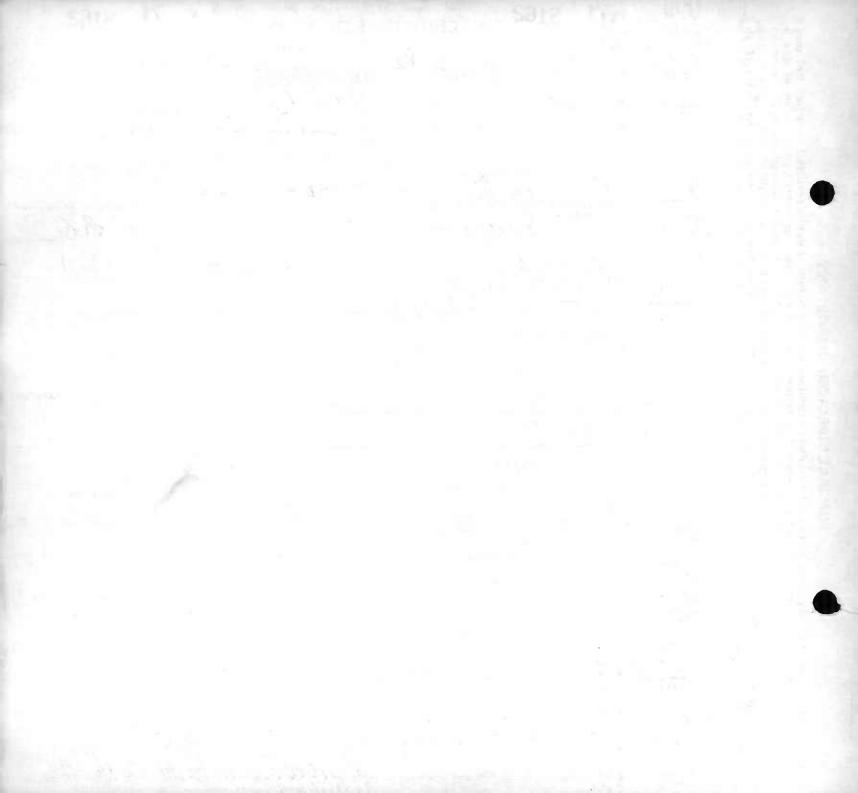
25B. NAME OF REGISTRAR



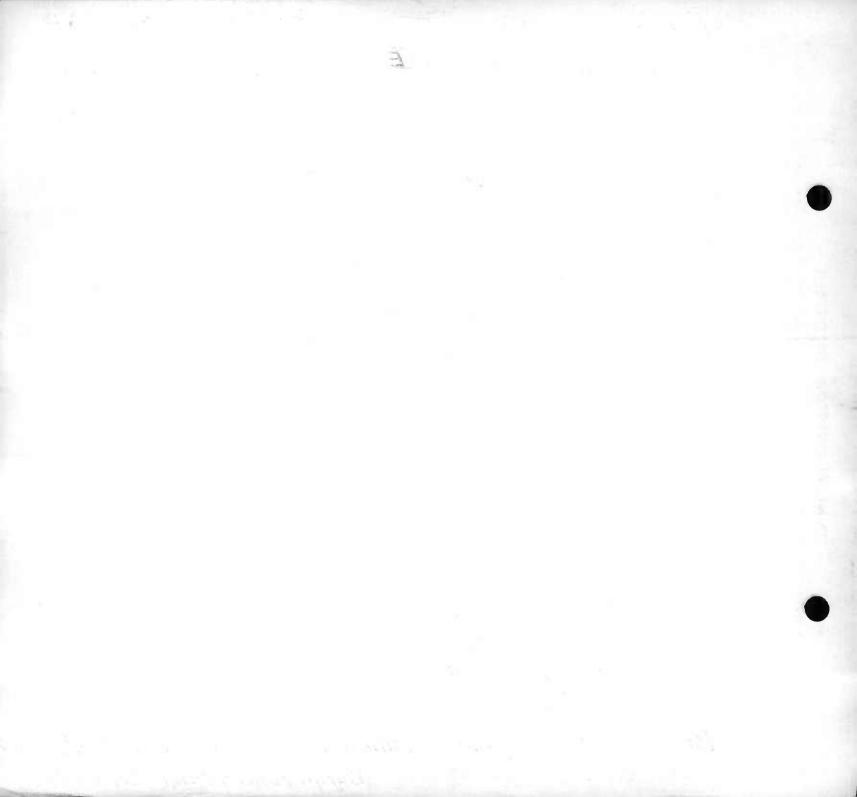
(/(0)	BALTIMORE CITY HE	ALTH DEPARTMENT		1714	0.01
H-620 MEDICAL E	XAMINER'S	CERTIFICATE (OF DEATH	4 /	8161
BIRTH NO.			0. 52,	REG. NO	
1. NAME OF DECEASED B.		2. DATE Known	Month	Doy	Year Hour
(Type or Print) LAWRENCE HARRIS		OF DEATH Estimoled			м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	IOUNCED DEAD	3. DATE	Month	Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	PRONOUNCED DEA		- 2/ 10	71 1.20 P	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		5 HISHAL PESIDENCE (t 24, 19	71 1:20 P.M residence before odmission)
1107 7 11 7711 7		A. STATE	12.00	B. COUNTY	1 2 0 7
1107 Falls Hill Drive		Maryla	nd		
6. SEX 7. RACE B. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?
Male White WIDOWED	DIVORCED .	Baltimore		YES	NO 🗆
9. DATE OF BIRTH 10. AGE (In years H lost birthday) Mo	Under 1 Yr. II Under 24 Hrs. nihs Days Hours Min.	E. STREET AND NUMB	ER		
Sept 11 1893 77	inis Days Hoors Mail.	1107 Falls	Hill Dri	170	
	CITIZEN OF	13. FATHER'S NAME	TILLI DEL	VC	
Maryland	WHAT COUNTRY?	Thomas Hai	mi a		
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OI					
done during most of working life, even if relired)	- DOSHALSS ON HADOSIN		MAINE		
Machinist Navy		Amanda	-		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT		ADI	DRESS
Yes WW I	212 034 268	Mrs. Marie	A. Temple	, Miniea	polis, Minn
19.	CAUSE OF DEA				APPROXIMATE INTERVAL
/ 6 9 /	Carcino	ma of Prostat	a with ma	tactacac	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			e with me	Lastases	
	(A) IMMEDIATE C	AUSE AS A CONSEQUENCE OF:			
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. It means the disease, injury or complication which caused death.)	00210,000	W A CONSEQUENCE ON			
ANTECEDENT CAUSES	(8)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUENCE OF:			
II I UNDERLYING CONDITION LAST	(c)				
<u> </u>	(0)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DISEASE OR CONDITION GIVEN IN PART 1 (A).	G Hynerte	nsive cardiov	accular d	isease	
TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	і пурсі се	morve cararov	abcarar a	Locabe	
20A. DATE OF OPERATION 208. CONDITION FO	WHICH OPERATION W	S PERFORMED			21. AUTOPSY? (Yes or No)
O SALE OF GLEANION POST CONTINUITY PO	WINCH OF ENAMOR IN	S PERFORMED			ZI. AUTOFSEE (Tes of tro)
	the section of				no
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	PLACE OF INJURY (e.g., ne, farm, factory, street, office	in or obout 22C. WHERE bido., elc.) INJURY OCC	DID (il In Boltimore	City, give exact	location)
☐ UTING ☐ CAUSE OF DEATH.					
22D. TIME (Month) (Day) (Year) (Hour)	22E.INJURY OCCURRED	22F. HOW DI	D INJURY OCCU	R?	
OF INJURY (APPROX.)	WHILE AT NOT WORK AT W	WHILE			
23.	WORK AT W	OKK LI			
I certify that I held an Inquiry	Inspection X Au	topsy and that	on this basis,	death in my o	pinion
	Accident Suicid			ed manner	
resulted from: Natural causes [5]	Accident LJ Juicio				
ACTUAL 1/1/1/1/	11		CAL EXAMINER	=	DATE SIGNED
SIGNATURE / Company of 100	M.D	ASSISTANT MEDI	CAL EXAMINER	X	
EXAMINER'S Ronald N. Kornh	lum, M.D.	ASSOCIATE MEDI	CAL EXAMINER		8/25/71
NAME (Type)					
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town,	or county) (State)
Burial 8-27-71	Lorraine Park	Cemetery	Woodlawn.	Balto (Co Maryland
	E OF REGISTRAR	25C. FUNERAL DI			DRESS
	~ ~ ~	Burgee Bu	neral Home		ore Maryland
AUG 31 9977 • UA 4 4 4	Falley M.D.		11/11		//
VS 151-REV. 1/1/68		1 -38/19/1/	1011 1/1/	1111	1



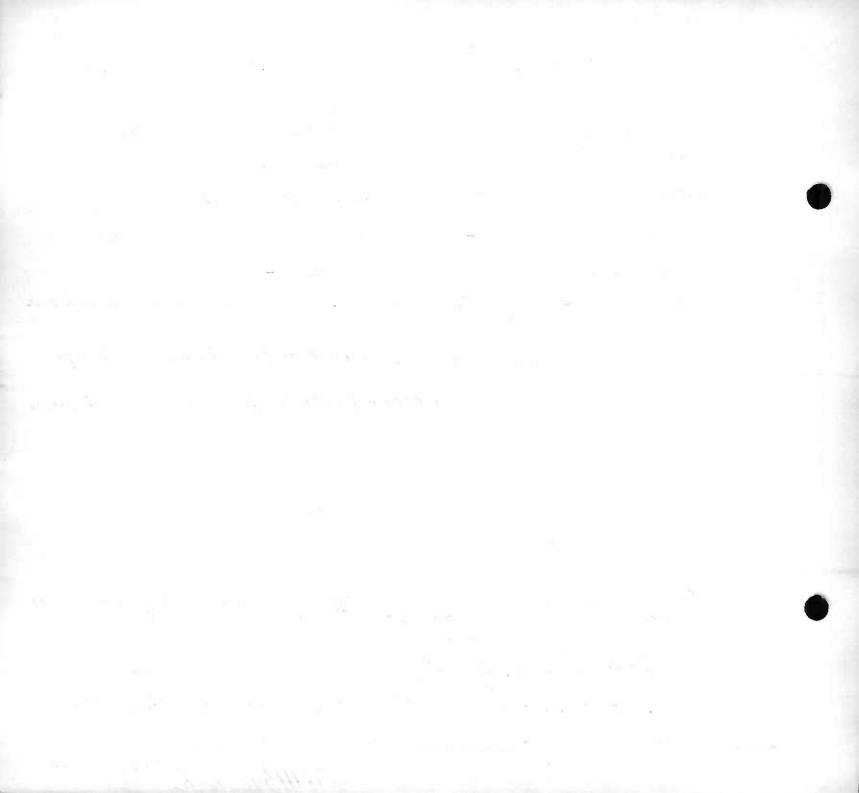
0 171	8162	BALTIMORE CITY	HEALTH DEPARTMENT		74 0400
35/	OTOS	CERTIFICA	TE OF DEATH	REG. NO	1 8165
I. NAME OF DECEASED				1101111 05 55.50	
(Type or Print)	1C+ - 1-	/ Ca		HOUR OF DEATH	2
3. PLACE IN BALTIMORE, MARYLA	NO WHERE PRONOUNCE	BIDEAD DR	14 USUAL RESIDENCE (Where		M. nstitution: residence before admission)
	and, while thomas once	- IDEAD	A. STATE B. COUNT	decested lives. If I	asimulate residence before damission/
FULL NAME OF (IF NOT IN I	HOSPITAL OR INSTITUTION	, GIVE STREET	Maryland		1301
INSTITUTION		, ,	C. CITY OR TOWN	1 M Dn D. INS	IDE CITY LIMITS?
Union Memor	ial Hospil	al	3934-1	Hoe?	YES NO
14 4	31		E. STREET AND NUMBER	-	
			3734 1014	nd Av	C.
5. SEX 6. RACE	7- MARRIED N	EVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years st birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
11 W	WIDOWED [DIVORCED	08 -10-07	£ 69	'
IGA, USUAL OCCUPATION (Give kind	of work 108, KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if r	Contra	1000	Marylo	1	1181
13. FATHER'S NAME	10010112	MEN.	14. MOTHER'S MAIDEN NAMI	10/5	V. ZX
0,01	1 1		1- 11	ddlind	5 (0)
Navid ST	am bavyl		Katherin	etich	(\mathcal{N})
(Yes, no or ugknown) (If yes, give war		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
Utikhoen -	- 21	3032385	Chart		
18. 2 / 9 (-1	180/	CAUSE OF DEAT	- Tray		APPROXIMATE INTERVAL
DISEASE OR CONDITION	ON DIRECTLY		1.		BETWEEN ONSET AND DEATH
LEADING TO D	EATH	(A)IMMEDIATE CAU	" Stoephalon	or of ha	- 2/1/2
(This does not mean the mo	de of dying, e.g.,		A CONSEQUENCE OF:	occur pro	umes as TWN.
heart failure, asthenia, etc. It injury or camplication which c	coused death.)			,	
ANTECEDENT CA	AUSES	// /	· Alata to	1 0	251
DISEASES OR CONDITIONS	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	cung NM	and Soft.
rise to the above cause	(A) sloting the				
UNDERLYING CONDITION IS	st,	(c)			
11		. /	/	,	
O OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	IS CONTRIBUTING	Uni	nury the	et interi	tion
	IN PART 1 (A).	A DECA NO.		7	
WA	S PERFORMED	OPERATION	20A. AUTOPSYSTES OF No.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
19A DATE OF OPERATION 19B	ING 21R PLAC	E OF INTERVIOR	or about 21 C. WHERE DID	(16 to B - let	- City - Land - City -
OR CONTRIBUTING CAUSE O	F home, for	n, foctory, street, of	ice bldg. INJURY OCCUR?	(it in politimo	re City, give exoct location)
DEATH Inotify medical examined	100				
OF INJURY (Month) (Day)		RY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While At Work	Not While			
22. I certify that (I) (this ho	spital) attended the de	ceased from	Aug 16 10	2110 4	NO 28 1971
that (1)(we) last saw the de		us 27	/		and the state of t
		managem yet a grange	ond fnot	in (my) trailmes obi	nion dooth accurred on the date
		sed neme			
and hour and fram the cause		(did) (did) v	lew the bady after death.		
and hour and fram the cause			lew the bady after death.		238. DATE SIGNED
and hour and fram the cause			lew the bady after death.	off.	238 DATE SIGNED
and hour and fram the cause		Atter DEGREE Phys	lew the bady after death.	off []/	238 DATE SIGNED
and hour and fram the cause		DEGREE Phys	nding Med. Sh	off []/	238. DATE SIGNED
and hour and fram the cause 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION. 124B. DA	s stated abave. (1) (Wg	Atter DEGREE Phys	nding Med. Sh Director Ph	off ys.	Aug 28, 147/
and hour and fram the cause 23A. SIGNATURE 23A. PHYSICIANS NAME (Type)	s stated abave. (1) (Wg	DEGREE Phys	nding Med. Sh. Director Ph. 23D. ADDRESS	off ys.	Aug 28, 147/
23A- SIGNATURE 23A- SIGNATURE 23C-PHYSICIANS NAME (Type) 24A- BURIAL CREMATION, 24B, DA REMOVAL (Specify) 24B- DUVI 2	s stated abave. (1) (Was	DEGREE Physical After	MATORY Lew the bady after death. Med. Showing Director Ph. MATORY 24D 100	off ys.	Aug 28, 147/
and hour and fram the cause 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION. 124B. DA	s stated abave. (1) (Was	DEGREE Physical After	nding Med. Sh. Director Ph. 23D. ADDRESS	off ys.	Aug 28, 147/
23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION, 24B. DA REMOVAL (Specify) 24B. DA	s stated abave. (1) (Was	DEGREE Physical After	MATORY Lew the bady after death. Med. Showing Director Ph. MATORY 24D 100	off ys.	Aug 28, 147/



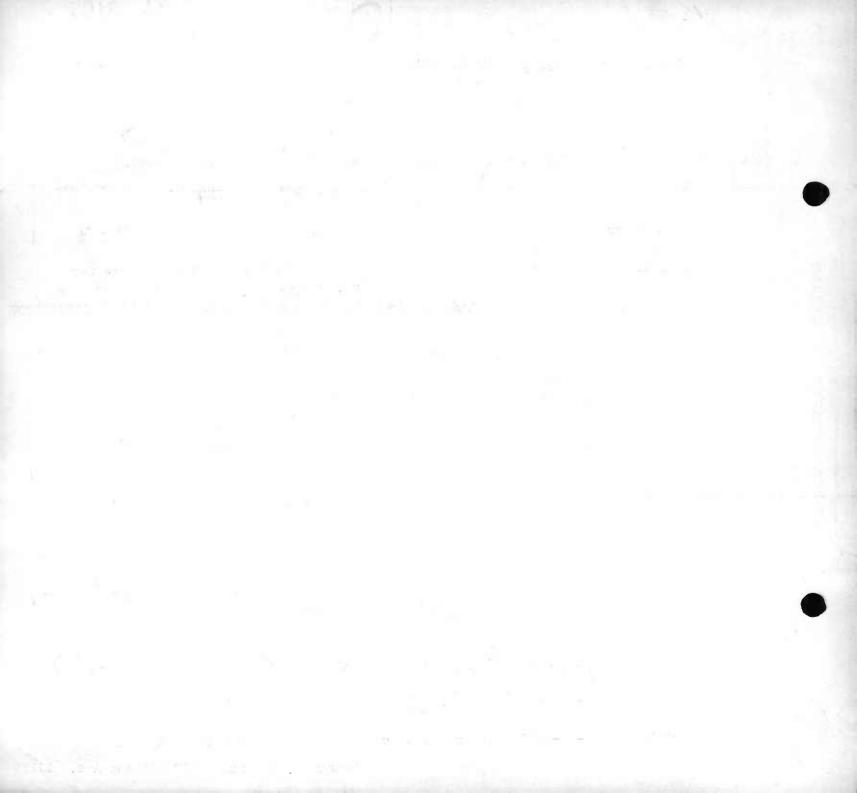
sed the cch	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENTH AS IN G 750 8163 SP CERTIFICATE OF DEATH REG. NO. 71 8163 SP
S S S	1. NAME OF DECEASED (Type or Print)
a hospital cause of d se; (5) Dece indance on to death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION A. STATE B. COUNTY A. STATE C. CITY ORTOWN D. INSIDE CITY LIMITS?
ing cau atte	University of MARYLAND HOSP 1216 W. 37 th St.
occur ontrib ermin regul	MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost bishday) 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11 BIRTHER AGE (S.).
nt if death direct or c l; (4) Undet th was in m the dece	done during most of working life, even if retired) Clark - W.T. Cowsn Trucking 12. CITIZEN OF WHAT COUNTRY? MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
_ B	DAUID BRILL HART 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give wor or doles of service] 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
s assistant the any kin ced deced	18. 18. XI CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or his	(This does not meen the mode of dying, e.g., heart follow, gatherine, etc. It means the disease.) (A) IMMEDIATE CAUSE Medical Care, nonity of the property of
amine mine A fract ho presente	ANTECEDENT CAUSES (e) Carcinomo of prosto de
RE ex ex (3)	DISEASES OR CONDITIONS, if any, giving nise to the obove couse (A) stoling the UNDERLYING CONDITION tast. (C)
AL medic edic burn hysion n we	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNER to chief re chief re by a m 2) Body le physicial core the properties to the pr	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-Date of Operation 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. AUTOPSY? (Yes or No.) 19C. AUTOPSY? (Yes
by th pital re; (3 where No	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) NJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) NJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. [NJURY OCCURED 21F. HOW DID INJURY OCCUR?]
roved he hosily naturated in xcept and (6)	Work At Work
of an (e)	22. I certify that (t) (this hospital) attended the deceased from 8-18 19 7/ to 8-25 19 7/ that (t) (we) lost sow the deceased alive on 8-25 19 7/ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (t) (We) (did not) view the body after death.
must be eleased ccident I hospit to deat	23A. SIGNATURE Attending Med. Stoff Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
ifficate y was r 1) An ac 1) A. at a d prior approve	23C. PHYSICIAN'S NAME (Type) H. E. Bondy M.D. Upiv. of Manaland Hosp
Sody O.O. D.O. D.O. D.O. D.O. D.O. D.O. D.O	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stole) BUVILL 28 Aug 71 GAYDENS OF F21HD Cem Kenwood Ave B2 to Md 2126 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FINERAL DIRECTOR
This the show was dece	AUG 31 1971 Robert E. Jankey M.D. Barger Fugers Home Billo Md



B-430	71 81	64		TE OF DEATH	X REG. NO.	71 8164
BIRTH NO.	CEASED		CLRTITICA			72 01.51
(Type or Print)	IESLIE	F. BE	LT		and hour of death ast 27 1971	1/1150
3. PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE (W	here deceased lived, If	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland C. CITY OR TOWN	AA	SIDE CITY LIMITS?
Ashbu	rton Nursing	Home		Annapolis		YES NO
	Hilton Road			E. STREET AND NUMBER Maryland Aven	nue	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female	White	WIDOWED	X DIVORCED	11 Nov 1877	last birthday) 93	Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUNTRY
Housew				Manual and		USA
13. FATHER'S NA]	_	Maryland 14. MOTHER'S MAIDEN N.	AM F	UDA
	Ter •					
15 Was Dassard	Wisner Ever in U. S. Armed For	cae?	1 6. SOCIAL	Rachael -		
(Tes, no of unknown	of yes, give wor or date	s of service)	SECURITY NO. 215 12 5028		וו ליייים לייים לייים מ	ADDRESS
No			215 12 5020	Mrs. Lillian	B Gordsmith	838 Powers Street
18. DISEAS	SE OR CONDITION DI	ECTI V	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH	CECILI	300000000000000000000000000000000000000	Carebool &	4 combacie	31.
(This does r	nai mean the made of	dying, e.g.,	DUE TO, OR AS	SECerebral +	MI OULDESIS	Jaays
hearl failure,	asthenia, etc. 11 means	the disease,				
	ANTECEDENT CAUSES		Canel	1004.00	1	
	OR CONDITIONS, if	one duine	(B) COP AS	aconsequence of:	1620717	inknown
rise to the	e abave cause (A)		DOE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING	G CONDITION lost		(c)			**************
OTHER SIGNIF	II ICANT CONDITIONS COI H BUT NOT RELATED TO TH	IE TERMINAL				
DISEASE OR C	ONDITION GIVEN IN PAR OPERATION 198 CON	T T (A).	WICH OBSERTION	120 A A LITO DOVA (V)	1-V 000 15 850 11100	***************************************
E O	WAS PERF	ORMED	VHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medical examiner	21 B. home	e, form, iactory, street, of	or obout 21C. WHERE DID	(If In Boltime	ore City, give exact location)
OF INJURY	(Month! (Doy) (Yeor!	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whil	le At Not While			
22. Leartify	that (1) (this hospital			May 26	19/- 7 10 /	July 27 107/
	last saw the decease		A .		- · · paragrams · · · · · · · · · · · · · · · · · · ·	allacion reglesia constituira agla construccione a l'acceptant de la conferencia del l
	The same and the s			and 1	und in (ent) (ont) ob	Inion death occurred on the date
23A. SIGNATU		ed above. (I)	(We) (did) (did not) v	ew the body ofter death	•	
de	ralam B &	usur	B M DEGREE Phys	ding Med.	Stoff Phys.	Aug 30 1971
23C.PHYSICIA NAME (T	ype)	U		3D. ADDRESS	1 D 1 B	or man
24A. BURIAL CRE	Abraham B. H		DEGREE ME OF CRE	7501 Liber		ity, town, or county! (Stole)
REMOVAL (Specify)			15		
Buria	30 Aug		dowridge Ceme		oward County	
AUG :	31 1971 Page	258, NAME O	REGISTRAL D.	Burgee Fune	ral Home Bal	timore Maryland
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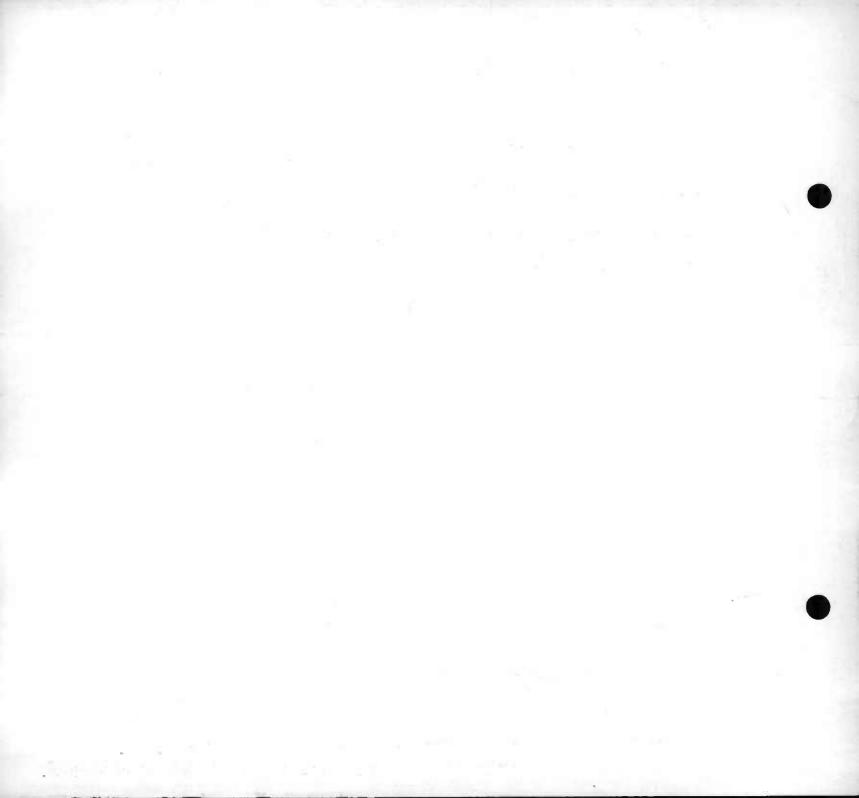


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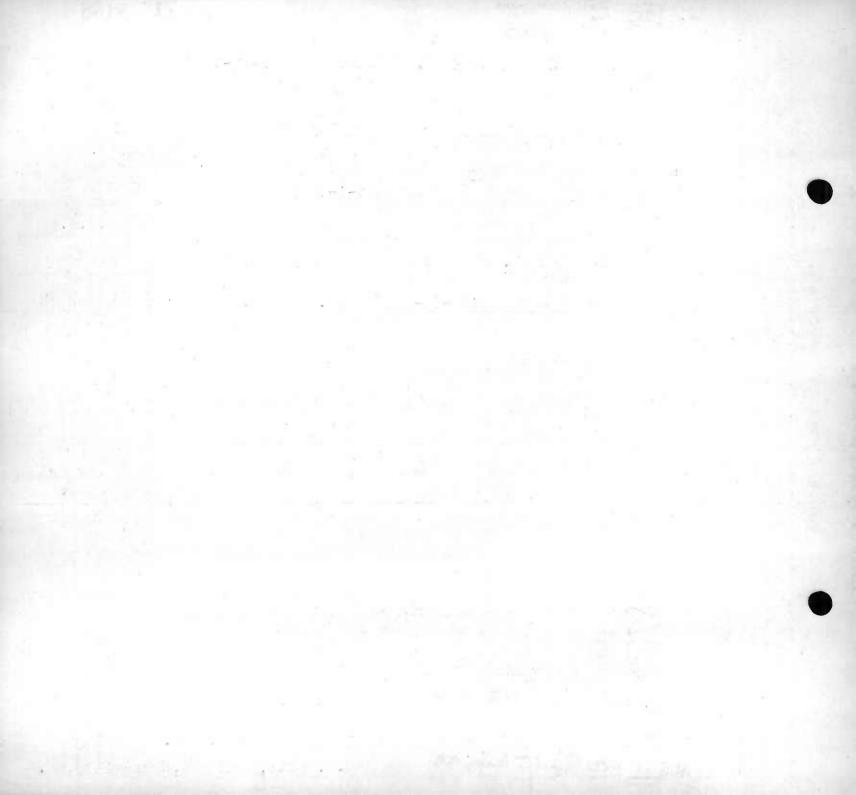
FUNERAL DIRECTOR:

1	110			BALTIMORE CITY	HEALTH DEPARTA	MENT	74 0400
BIRTH NO	663	71 8:	167	CERTIFICA	TE OF DEA		11 8101
(Type or P	24	HUEL		GERHARDT	2. [8/26/7/	1 5:20 A
3. PLACE	IN BALTIMO	RE, MARYLAND	, WHERE PRON	OUNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived, If	institution: residence before odmission
FULL NA HOSPITAI	LOR	(IF NOT IN HO ADDRESS OR L	SPITAL OR INST	TUTION, GIVE STREET	C. CITY OR TOWN		ISIDE CITY LIMITS?
5.	. //	4 . 4.	1. F Ba	I timore, Inc.	BALTIMO		YES NO
	2	•			48/6		e. #15
5. SEX	6. RA	C	WIDOWE		6/12/8	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
done during	L OCCUPATI	ON (Give kind of g life, even if retire	work 10B, KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or foreign country!	12. CITIZEN OF WHAT COUNTR
	red For				Baltimore	, Md.	USA
13. FATHE	R'S NAME	Henry H	. Gerhard	it	14. MOTHER'S MAI	DEN NAME	
S Was D							
Yes, no or	unknown) (If y	es, give war or	Forces? dotes of servicel	212-10 4399	Mrs. Louis	se G. Fitzell 90	9 Huntsman Rd.
1B. Ly	1121	Ġ1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
		CONDITION					BETWEEN ONSET AND DEATH
(Thie		DING TO DEA	TH of dying, e.g	(A) IMMEDIATE CAU		c arrest	lanes.
heart	failure, asthe	nio, etc. Il me	ons the diseose		A CONSEQUENCE OF:		
injury	or complicat	lion which cou	sed death.)	4 /	0	1. 10 10	
	ANTE	CEDENT CAU	SES	(B) Antony	oscleront	c Henry Chi	SPACE
			if ony, givin		A CONSEQUENCE OF	F:	
UND	ERLYING CO	NDITION last.	A) stating th	e (C)			Į.
		11		(4/		******************************	
OTHER			CONTRIBUTING				l
▼ DISEAS		NOT RELATED TO	O THE TERMINAL		.==++++++++++++++++++++++++++++++++++++	************************	
		ATION 198 C		WHICH OPERATION	20 A. AUTOPSY? (Y		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CO	CCIDENT W. ONTRIBUTING H (notify medic	AS UNDERLYING CAUSE OF col exomined	ho	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	or obout 21 C. WHERI fice bldg., INJURY OC	E DID (II In Boltime CCUR?	ore City, give exact location)
21 D. TI	IME (Mor	nth) (Doyl (Ye	or) (Hour) 21	E INJURY OCCURRED		DID INJURY OCCUR?	
E (APPRO				hile At Not While	, חי		/
22. 1	cortify that	(1) Othis bosn		the deceased from	8/2	0 107/	2/16:31
			osed olive on.		19.7/		pinion death occurred on the dat
_				(1) (We) (did) (did not) v			
	IGNATURE	194	/			2001115	23 B. DATE SIGNED
		110/4/	2/	Phon	nding Med.	or Stoff Phys.	8/26/21
23C. PI	HYSICIAN'S	PETER	OROS	DEGREE	18 19 K	Paublup Ri	dge Cane #101
24A. BURI.	AL CREMATIC	ON, 24B. DATE	24C.1	DEGREE	MATORY	24D. LOCATION (C	City, town, or county) (Stote)
Bu:	rial	8/28/	71 Lo:	rraine Cemeter	У	Windsor Mill	Rd Woodlawn Md.
25A. DATE	UG 31	1971 · ()G	34 25B NAME	REGISTRAR	25C. FUNERAL D. Mitchell	Wiedefeld Home	6500 York Rd.
VS 150-RE	V. 1/1/68						

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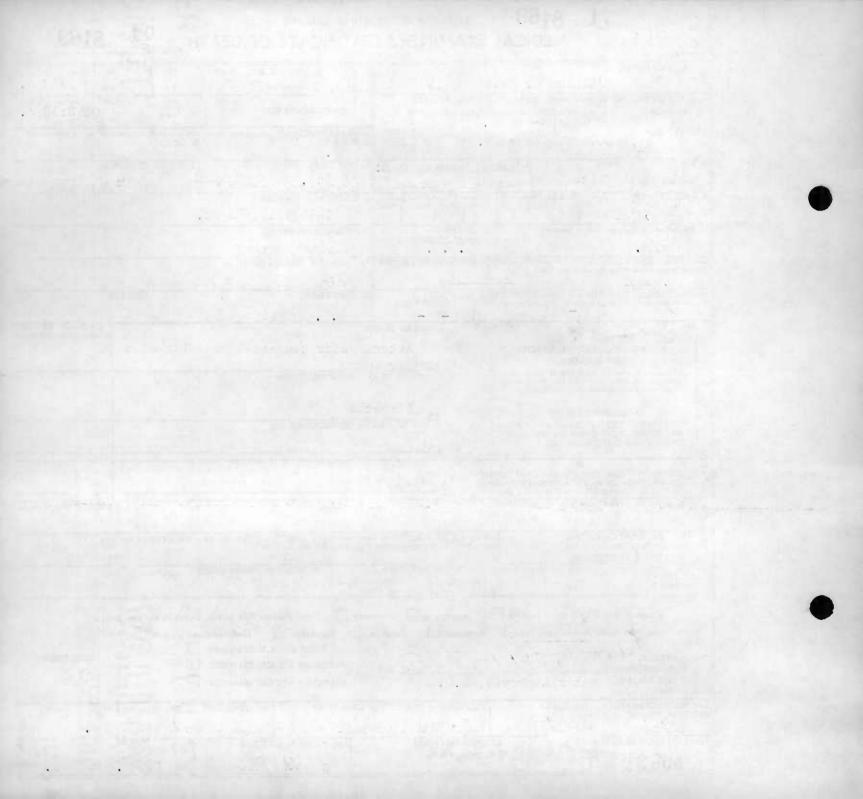
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1	R-300	71 81		BALTIMORE CITY HE				ילי	1 0.	400
	RTH NO.	WEI	PICAL	EXAMINER'S	ERTIFIC	CATE OF	DEAT	H REG. NO.	L 0.	103
T.	NAME OF DECEA	SED William I	E. Ree	d	2. DATE OF DEATH	Known XX	Month 8	Doy 27	Yeor 71	Hour 8:40 a M.
FUI	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTI	ONOUNCED DEAD	3. DATE	INCED DEAD	Month 8	27	Yeor 71	8:40 a.
OR	INSTITUTION	1446 Will:		t.	5. USUAL RE A. STATE Md.	SIDENCE (Where		ed. # Institution B. COUNTY	n; residence b	elore odmission)
	male 7.	White	8. MARRI	ED NEVER MARRIED A	c. CITY OR Balt			D. INSIDE C	120	No 🗆
	pate of BIRTH oril 7,190	10. AGE (loss birthdo	n years	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.		ND NUMBER 46 Willia	ıms St.			NOC
11.	Penna.	or loreign country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER!	0 1				
14A don	USUAL OCCUPAT	IION (Give kind of working life, even it rettred)	148. KIND	OF BUSINESS OR INDUSTRY			WE			
16. (Yes	WAS DECEASED	EVER IN U.S. ARME	of service)	17. SOCIAL SECURITY NO. 218+14-7457	18. INFORM	Records		A	DDRESS	
The same of	19.	0.9		CAUSE OF DEA		Newnass				ROXIMATE INTERVAL
CERTIFICATION	(This does not repeated to the complete the	OR CONDITION DIRE DING TO DEATH meon the mode of di henta, eic. It meons the collon which coused de CEDENT CAUSES CONDITIONS, IF AN BOVE CAUSE (A) STA CONDITION LAST. II CANT CONDITIONS C BUT NOT RELATED TO NOTING HEN IN P	ving, e.g., e disease, oth.) Y, GIVING TING THE ONTRIBUTII	(a) IMMEDIATE CONTROL OF A (b) Diabe (c) (c)	AUSE IS A CONSEQU					
CERT				OR WHICH OPERATION WA	S PERFORMS	D				SY? (Yes or No)
EDICAL	UNDERLYING		2: h	28. PLACE OF INJURY(e.g., ome, form, lactory, street, office	In or about 22 bldg., etc.) IN	C. WHERE DID (If in Baltimor	e City, give exc		no
Σ	22D. TIME (MODE OF INJURY (APPROX.)				WHILE	F. HOW DID INJ	URY OCCU	IR?		
244	ACTUAL SIGNATURE EXAMINER'S NAME (Type BURIAL CREMAT	Peter Li	lu	Accident Suicid Suicid M.D. 24C. NAME of CEMETERY	ASSIS ASSOC	HIEF MEDICAL E TANT MEDICAL E CIATE MEDICAL E 24D. L	AMINER KAMINER KAMINER KAMINER	ed manner	י	DATE SIGNED 27/71 (Stote)
254	Burial DATE REC'D BY	9/1/7 HEALTH DEPT Posses	7 258- W	Glen Haven (er.	25C. FI	JNERAL DIRECTO		AL	DORESS FOR	+ Ava
VS	51-REV. 1/1/68		7	10:10	A 1	6 6	Leaux 1	Tome 1)C	(.10/1	L TIVE.

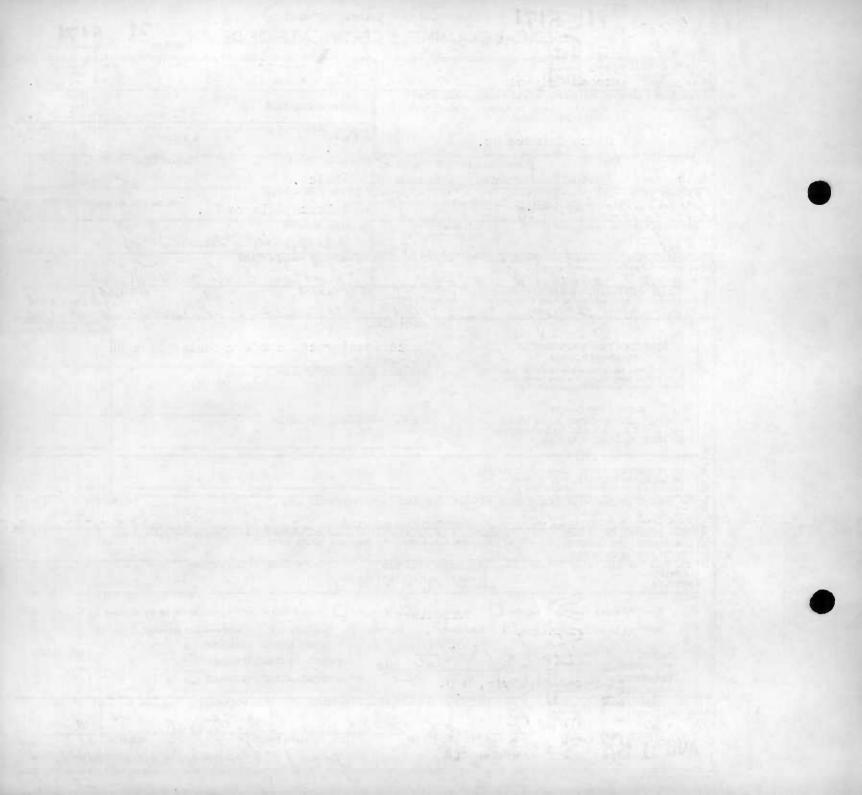
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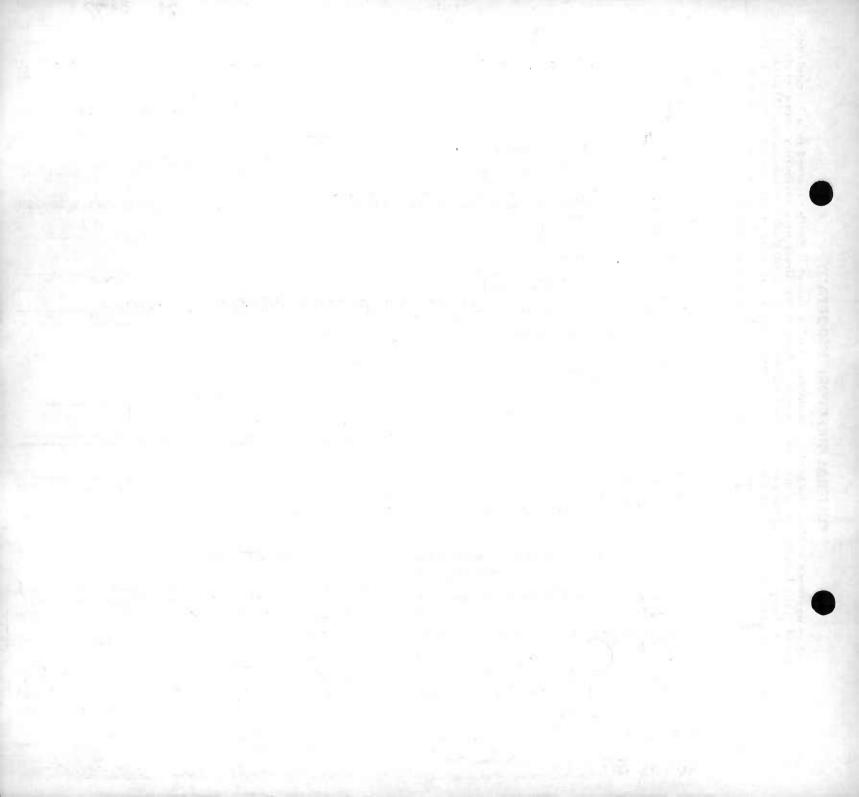
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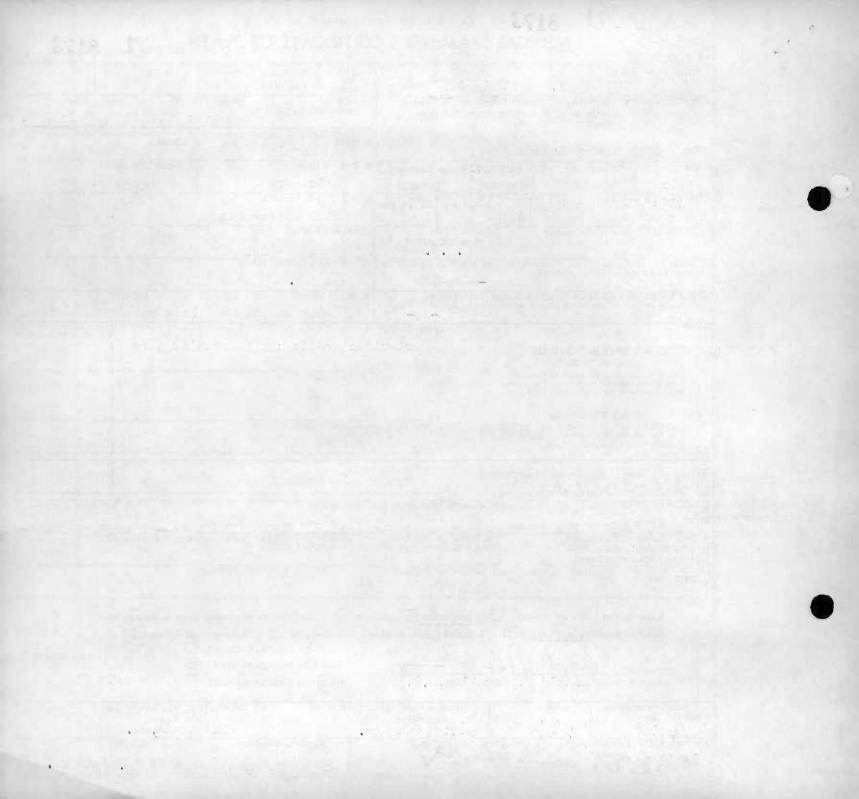
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This contificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

P. 505	_		BALTIMORE CITY	HEALTH DEPARTMENT	'7	1 8172
1) 000	MA CAM	0	CERTIFICA	TE OF DEATH	REG. NO.	T (1) 1.0
I. NAME OF DECEA	SED 31/	2		P. DATE A	ND HOUR OF DEATH	
(Type or Print)		A Denle	in		-27-71	1 7 450 194
3. PLACE IN BALTIA	Harriet W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF UF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET		Maryland		1206		
		C. CITY OR TOWN		IDE CITY LIMITS?		
27	Mercy Hos	snital.	Inc	Baltimore E. STREET AND NUMBER		YES C NO
0/		oprour,		2125 Mary]	and Ave. #212	218
5. SEX 6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	Months Days Hours Min.
Female	White	WIDOWED	DIVORCED	10-3-15	55	
IOA. USUAL OCCUP.	ATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lot		12. CITIZEN OF WHAT COUNTRY?
Homemak	rking life, even if refired) CT			Virginia		USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA		
Harry	B. Moyers			Flossie Sma	11	
15, Was Deceased E	rer in U. S. Armed Fer	ces!	T & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
0/0	f yes, give war or dok	IS OF SCIVICES		MARVIN RA	NKIN	ABOUE
18.	18100	A. 0	CAUSE OF DEATH		A /	APPROXIMATE INTERVAL
DISEASE	OR CONDITION D	RECTLY	and	10- Pulmona	4 Hopent	BETWEEN ONSET AND DEATH
7.5	EADING TO DEATH		(A) IMMEDIATE CAU	SE	7 mass	
(This does not	mean the mode of	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:		
injury or compli	ication which coused	death.)	31	d = 00	. (0)	
AN	ITECEDENT CAUSES		() at	- all card	mma 5/	lung
DISEASES OR	CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEQUENCE OF	1	//
	obove cause (A)	stating the	in Dis	Lutin Mol	litus	
CADEALING	CONDITION IOSE		(C)	4442 1 1 1 4 4 4		
OTHER SIGNIFIC	II ANT CONDITIONS CO	NTRIBUTING				
OTHER SIGNIFICATION TO THE DEATH DISEASE OR COM	BUT NOT RELATED TO T NOTION GIVEN IN PAI	HE TERMINAL				
	PERATION 19R CON	PORMED	WHICH OPERATION (L	20A AUTOPSYT (Yes of N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. A CCIDENT		CO VILLE	PLACE OF INJURY (o.g., in	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exact location)
OR CONTRIBUTE DEATH Inotify m 21D.TIME OF INJURY	WAS UNDERLYING CAUSE OF nedical examined	homelca	e, farm, foctory, street, of	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?		
OF INJURY	Month) (Day) (Year)		INJURY OCCURRED	21f. HOW DID IN	JURY OCCUR?	
(APPROX)	-	Whi	k At D Not While			1
22. I certify th	pot (1) (this heapita	I) attended ti	ne deceased from	8-8-	19 1 to 8	-27 19
that (i) (we) lo	est sow the deceas	ed olive on	8-27	6	hat in (my) (odr) opi	inion death occurred on the date
		ted above. (i) (We) (4jd) (did not) v	lew the bady after death.		
23A. SIGNATURE		100	THE MDAN	nding Med.	Staff	23B, DATE SIGNED
23C. PHYSICIAN		uxu	DEGREE PHY	Director L	Phys.	10 2/1
NAME (Typ	a UGO	アナー	M-D DEGREE	Mercy	Hospita	1, Balto. 1Ma
24A. BURIAL CREM. REMOVAL (Sp.	ATION, 248 DATE	24C. N	ME of CEMETERY of CRE	MATORY 924D.	LOCATION (C	ity, town, or county) (State)
REMOU	1 0/4	/21 m	DOLE RIV	ER S	TAUNTON	· VA.
25A. DATE REC'D B	Y HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
AUG 31:	1971 · Ballan	E. Jak	hy MA	Connelly Fre	neul form	2 300 Mace Aul.
VS 150-REV. 1/1/68		1 2		0 1 10 1	3	





IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

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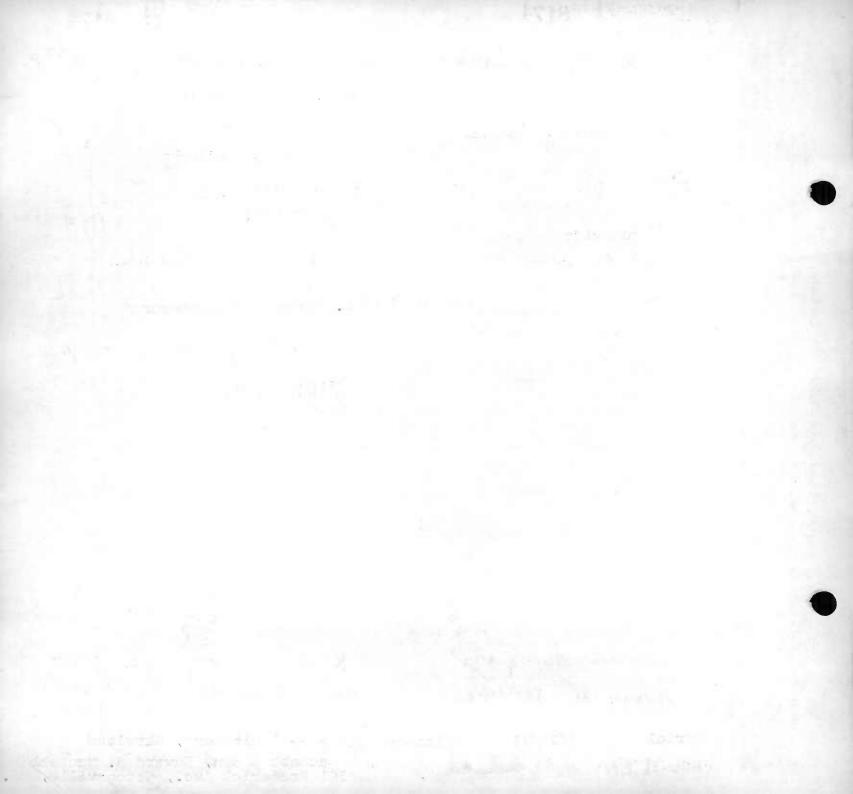
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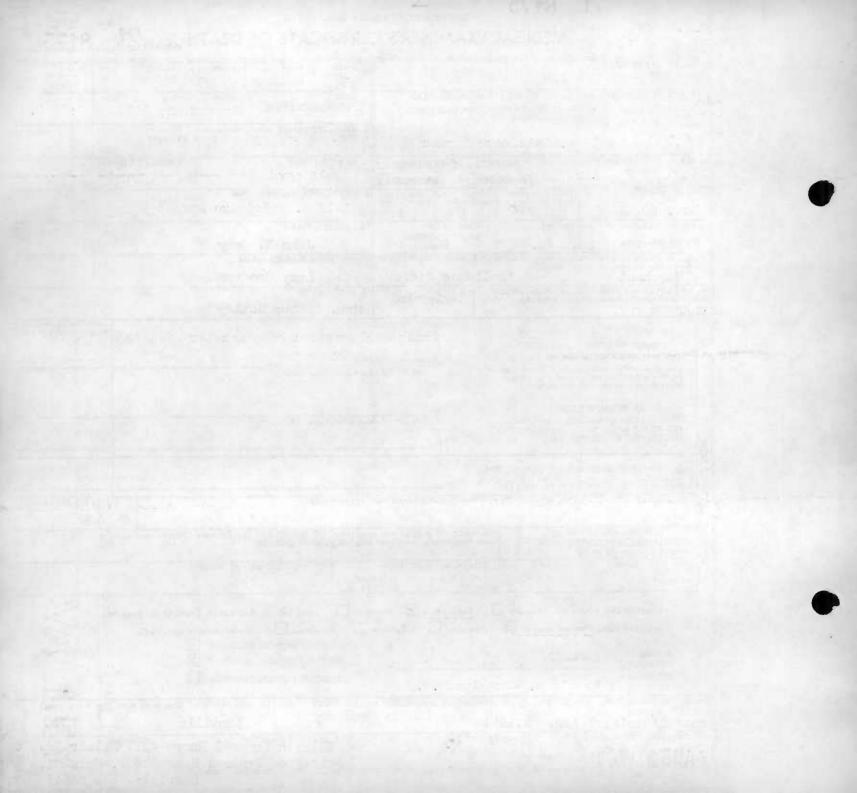
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APPROXIMATE INTERVAL



24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Gray Family Cemetery Aug. 31,1971 Removal/Burial Danville 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C FUNERAL DIRECTOR Homes 4210 Belair Rd. 06 Swicegood Funeral Home 564 W. Main St. VS 151-REV. 3/1/68 Danville, Va. 24541

Va.



W-123 71 817	6	TE OF DEATH REG. NO.	1 8176
(Type of Print) WEBSTER, MAR'	Y ELIZABETH	2. DATE AND HOUR OF DEATH AUGUST 28, 1971	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD INSTITUTION, GIVE STREET ITAL	4. USUAL RESIDENCE (Where deceased lived, If it A. STATE B. COUNTY MD . BALTIMORE	IDE CITY LIMITS?
BALTIMORE, MARY		329 HARLEM LANE-CATON	HOME N RIDGE NURSING
FEMALE WHITE WIDE	RRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 06 24 85 9. AGE (In years lost Withday)	Il Under 1 Yr. Il Under 24 Hrs. Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, R) done during most of working life, even if refired) NONE	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) MARYLAND	UNITED STATES
13 FATHER'S NAME JOHN WEBSTER		GEORGIANNA HEUISLER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or doles of se	SECURITY NO.	17. INFORMANT	ADDRESS
NO	215 32 3788		DICAL RECORDS
Injury of camplication which caused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) staking UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBU TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	giving (B) Cre Gr DUE 10, OR AS (C) A HE	D-Virguelar accide A CONSEQUENCE OF: ERIOS Clurosis	judet.
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examiner)	21& PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21 C. WHERE DID III in Rollimor	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that X(X(this hospital) attention that XIX(we) last saw the deceased alive			alling the description of the second of the
and have and from the causes stated about 23A, 519NATURE	ove (1) (We) (did)(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	19 71 and that In (m) (our) opliew the bady after death. Med. Staff Director Phys.	alling the description of the second of the second of the
and haur and from the causes stated about 23A SIGNATURE 23C-PHYSICIAN'S NAME (Type)	ove on AUGUST 28 ove (X) (We) (did)/(X) X X X X X X X X X X X X X X X X X X	19 71 and that In (n) (our) opliew the bady after death. Anding Med. Stoff Phys. 23D. ADDRESS	nian death occurred on the date
and have and from the causes stated about 23A/5IONATURE 23C.PHYSICIAN'S NAME (Type) DR. PAULO WESTPHAKEN 24A. BURIAL CREMATION, 24B, DATE	AUGUST 28 Ove. (A) (We) (did) (A) (A) (A) Affect Phys PAGREE PAGR	19 71 and that In (our) opline the bady after death. Med. Stoff Phys. 23D. ADDRESS ST. AGNES HOSPITAL MATORY 24D. LOCATION (Ci	238. DATE SIGNED 239, DATE SIGNED ty, town, or county) (Stale)
that XIX(we) last saw the deceased allowed and learn and from the causes stated about 23A/5IGNATURE 23C.PHYSICIAN'S NAME (Type) DR. PAULO WESTPHAKEN 24A. BURIAL CREMATION, 24B. DATE BURIAL BURIAL 3-31-71	ove. (X) (We) (did)/(X) (X) Volt voltage Phys	19 71 and that In (our) opliew the bady after death. Anding Med. Stoff Phys. 3D. ADDRESS ST. AGNES HOSPITAL	238. DATE SIGNED

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Leonard J. Ruck Inc., Balto.Md.

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DIRECTOR:

FUNERAL

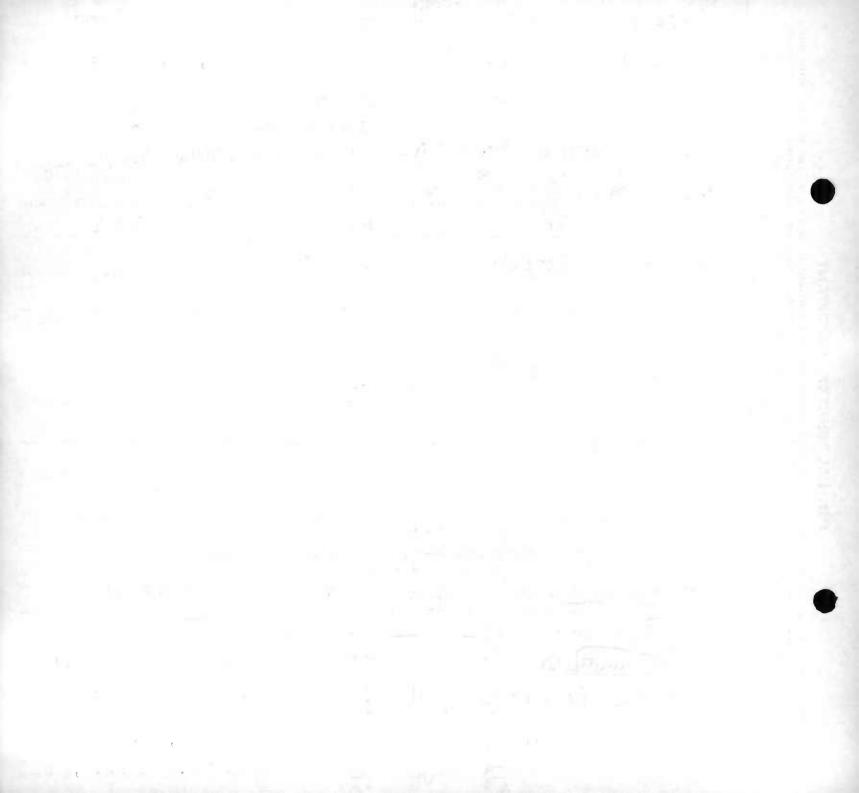
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D 1) mil	BALTIMORE CITY	HEALTH DEPARTMENT		
K-240 71 817	9 CERTIFICA	TE OF DEATH	REG. NO.	71 8179
Type or Print) LOUIS G. R	okel		st 28,197	1 8:00 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	deceased lived. If in	stitution: residence before admission)
FULL NAME OP (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	LAPILAND.		IDE CITY LIMITS?
chairon Manacial	HaraiTAI	E. STREET AND NUMBER		YES NO
lanchen noinn	LOBDI LAC	12903 E.V	MISHTSON	PEWY.
1	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 09-21-81	ast birthdoy	Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
	lesman	MARILANI	D	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	100
WILLIAM ROKE		WILHERIN	A :	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! Of yes, give war or dotes of sen	ricel 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Mrs Gertrude	Widerman	
16.412.41	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ob and D	2 \ [-:	1.40
(This does not mean the mode of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	enal tai	1016
heart failure, asthenia, etc. It means the dis	ease,	A CONSEQUENCE OF:	,	
injury or complication which caused death.)	0.0			
ANTECEDENT CAUSES	18) ASC	-U.D-		
DISEASES OR CONDITIONS, If ony,	in this is	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.				
	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
E TO THE DEATH BUT NOT RELATED TO THE TERM	NAL			
	FOR WHICH OPERATION	20A. AUTOPSY2 (Yes or No)	208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
. OR CONTRIBUTING TICAUSE OF	218 PLACE OF INJURY (e.g., home, farm, foctory, street, cetal)	in or obout 21 C. WHERE DID ffice bidg.	(II in Boltimor	e City, give exact lacation)
DEATH (notify medical examined) 21D.TIME (Month) (Day) (Year) (Hour	While At Not Whi	21 F. HOW DID INJU	IRY OCCURY	
	Work L At Wark		. 0 .	39-71
22, I certify that (1) (this hospital) attended	0 - 7 7 - 71		9to	2.8 11 19
that (1) (we) last saw the deceased alive	on_ 0 20 - //	19and tha	it In (my) (our) opl	nion death occurred on the dat
and bour and from the causes stated abo	ve. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
(Sommer DE	96.	ending Med. Director i	Stoff Phys.	8-28-71
23C. PHYSICIAN'S NAME ITYPE	DEGREE	23D. ADDRESS	uorial H	Inini TA
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY OF CR			ity, town, or county) (State)
	Parkwood	25C. FUNERAL DIRECTOR	altimore,	Maryland ADDRESS
	when M.D.		nole Too	
AUG 31 1971 - Valle & &	THE PARTY OF THE P	Incolletto 1	uck Inc.	Baltimore, Md

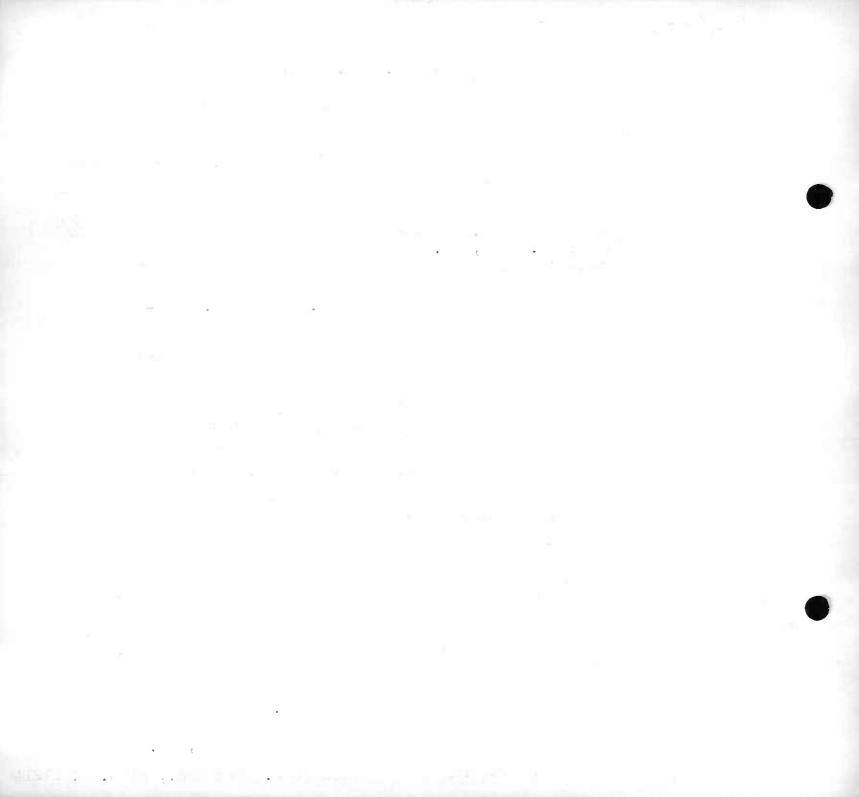


0,100	BALTIMORE CITY	HEALTH DEPARTMENT	11 81	80
BIRTH NO. 71 8180	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED	,		AND HOUR OF DEATH	2 -
Type or Print The mas Plese	6	7.111.111.111	8-27.71	7301
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	pere deceased lived. Il is	nstitution: residence before admission)
		A. STATE B. COL	NIY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI HOSPITAL OR ADDRESS OF LOCATION)		C, CITY OR TOWN		
Edice 1000 Sursing	Home	C, CITY OR TOWN	D. INS	IDE CITY LIMITS?
Edgewood Mursing 1 906000 Bellona Aut	2	E. STREET AND NUMBER		YES NO
100000 Dellona II				
SEX 6. BACE 7. MADDIED (V)		8. DATE OF SIRTH	10 400 0	If Under 1 Yr. , If Under 24 Hrs.
markied X	NEVER MARRIED	(0/1/01	lost bighday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL O CCUPATION (Give kind of work 108, KINO OF BI	DIVORCED	0////0/	DOXXX X	1,
one during most of working life, even if refired)		11. BIKINTLACE (State of to	reign country!	12. CITIZEN OF WHAT COUNTRY
	ental Can	Md.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
- Plesek		Anna	Karvasek	
5. Was Deceased Ever in U. S. Armed Farces?	S. SOCIAL	17. INFORMANT	TAL AGSEV	ADDRESS
(es, no or unknown) (If yes, give war or dates of service)	15-01-6534	Mrs Dolore	a Dlands a	0.000
			s riesek s	
18,/85×1	CAUSE OF DEATH	, ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Metas	STASTASIS-	CANTRO	2 // VDC
(This does not mean the mode of dying, e.g.,	A		- HY CCK	4/163
heart failure, asthenia, etc. It means the disease,	DUE 10, OR AS A	CONSEQUENCE OF:		
Injury or complication which caused death.)	1000		D. t.d	
ANTECEDENT CAUSES	(B) LAKE	INOMA 1	ROSHIE	+ 4 YRS.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(c)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************			
	ICH OPERATION	20A. AUTOPSYT (Yes or h	10) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
19A-DATE OF OPERATION 19B CONDITION FOR WHI		Ca Division	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., In	or obout 21C. WHERE DID	(If in Boltimor	re City, give exect location)
DEATH (notify medical examined)	torm, tactory, street, off	ice bidg. INJURY OCCUR?		
	JURY OCCURRED	21F, HOW OIO IN	IIIIII OCCUS	
S OF INSUR.			THE PERSONS	
Work	At Work		4. 0.	16 6 - 41
22. I certify that (1) (this hospital) attended the	deceased from	THUCH YO	19 10 19	9 0/ 19//
that (1) (we) lost sow the deceased alive on	Aug 21	0 19 7/ ond t	hat In(my) (our) opi	nion death occurred on the date
ond how and from the causes stated above. (1) (1	(6) (did) (did age) ut			
23A SIGNATURE		stary ditter death.	•	238. DATE SIGNED
Venthous Flanceson.	MD Atter	Med. Director	Stoff Phys.	0/27/1991
23C. BAYSHOLDS	DEGREE Phys.	3D. ADDRESS	Phys	0/0//
NAME (Pro)	2077 A	5217 /48	KRIZI	a) to md
14. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E OF CEMETERY OF CREE	MATORY 24D.	LOCATION (Ci	ily, lown, or county) (Stole)
17.7.	y Redeemer		Balto. Mu.	
4110		25C. FUNERAL DIRECTO	R	ADDRESS
AUG 31 1971 Robert E. Janke	REGISTRAR	25C. FUNERAL DIRECTO		Balto, Md.

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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY	HEALTH DEPARTMENT
SIRTH NO. 71 8181 CERTIFICA	TE OF DEATH REG. NO. 71 8181
1. NAME OF DECEASED PULO KOM ASON DE	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF OF OF THE PROPERTY OF THE STREET OF THE STREE	A. STATE B. COUNTY 2779
INSTITUTION ADDRESS OF LOCATION)	C. CITY OR TOWN, D. INSIDE CITY LIMITS?
maryana serasa p. asp.	E. STREET AND NUMBER
480	1026 Ewesham Hove 21212
5. SEX 6. RAGE 7. MARRIED© NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 24-02 9. AGE (in years lost birthdoy) 69 Months Doys Hours Min.
done during most of working life, even if refired)	11. BIRTHPLACE (Stote or Integration Country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Kenpson M. Pyle. Sr.	The ast
KKYKKKYKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK	14. MOTHER'S MAIDEN NAME **CLIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO 213-01-222	
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ise Gangrous (D)(es)
heal failure, asthenia, etc. il means the disease,	A CONSEQUENCE OF:
ANTECEDENT CAUSES	to applitun t
DISEASES OR CONDITIONS, if ony, giving DUEAO, OR AS	A CONSEQUENCE OF: L
use to the obave cause (A) stating the UNDERLYING CONDITION last.	insellentic Kenypheral
_ II Vaccu	Jan Livery ?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	reheart failure
WAS PERFORMED	20A-AUTOPST? (Yes No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 218. ACCIDENT WAS UNDERLYING	n or about 21 C. WHERE DID (II to Baltimore City, give exact location)
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., Inhome, larm, foctory, steet, of DEATH (notify medical examines)	injury occur?
21D-TIME (Month) IDoy) (Yeol) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX) While At Work Not While At Work	71
22. I certify that (I) (this hospital) attended the deceased from	1/3/7/19to8/26/ // 19
that (1) (we) lost saw the deceosed alive on	19ond that in my (our) opinion death occurred on the date
ond hour and from the causes stated above (1) (We) (did) (did nat) vi	lew the body ofter death.
Mogo on Mo	nding Med. Staff 19
OCORES .	3D. ADDRESS
OEGREE	Md. General Hosp
248. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	
Burial 8/30/71 Moreland Cemet 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
AUG 31 1971 Pale & Jahr KD	25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc., Balto. Md. 21214
VS 150-REV. 1/1/69	Theorem a of track THE. Date of Mar ETETA



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11/ 1=0	BALTIMORE CITY	HEALTH DEPARTMENT	194	0400
51 8182 71 8182	CERTIFICA	TE OF DEATH	REG. NO.	8182
1. NAME OF DECEASED (Type or Print) Marie William	5	2. DATE AND	S/71	1 9:00 PN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU' HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TION, GIVE STREET	Maryland.		BO
THE JOHNS HOPKINS HOSE	PITAL	BalTimore		YES X NO
33		E. STREET AND NUMBER	lias ST	1
5. SEX 6. RACE WIDOWED WIDOWED	NEVER MARRIED DIVORCED	7/22/32	AGE (In years ost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
dane during most of warking life, even if refired	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n Country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	3011	
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	7.1	ADDRESS
118.	CAUSE OF DEATH	surella f	orcuson &	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			myocar Enfa	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OR AS A	SE Pulmonary Euronsequence of:	20011311140. 17.	B / AGUV
ANTECEDENT CAUSES	Mat	TIME	- A	*
	(B) 141610	STORTIC BYECK	251 Carci	woma.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.	(c)			
11			-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	400000000000000000000000000000000000000			**************************************
19A DATE OF OPERATION 19B CONDITION FOR WI WAS PERFORMED	HICH OPERATION	Ves or No.	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF COLOR CONTRIBUTING CAUSE OF COLOR COLOR COLOR CAUSE OF COLOR CAUSE OF COLOR CAUSE OF C	LACE OF INJURY (e.g., in farm, factory, street, off	or about 21 C. WHERE DID ico bldg., INJURY OCCUR?	(If In Baltimore (City, give exact facotion)
21D. TIME (Manth) (Day) (Year) (Hauri 21E. I	NJURY OCCURRED Not White	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital) attended the		749 17 1	1 / 10 Aug	25 19.71
that (i) (we) last sow the deceased alive an	Aug 25	/ 07/	- september 10 ample and 10	on deoth occurred on the date
and hour and from the causes stated above. (i)	(We) (did) (did not) v	ew the body after death.		
James n. Sigle, M.D	, DL.		traff 2	8/25/7/
23¢/PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	opkins t	tospital
24A. BURIAL CREMATION, 24B. DATE 24C.NAN	DEGREE ME of CEMEJERY OF CRE		1	1
Build 8-3171 nut	- alune	et P	Patts	town, or county) (Stale)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
TOU SI WIT Valer E. Varber	100 0 0 1	CHUI Diller	m/000/03	mutally

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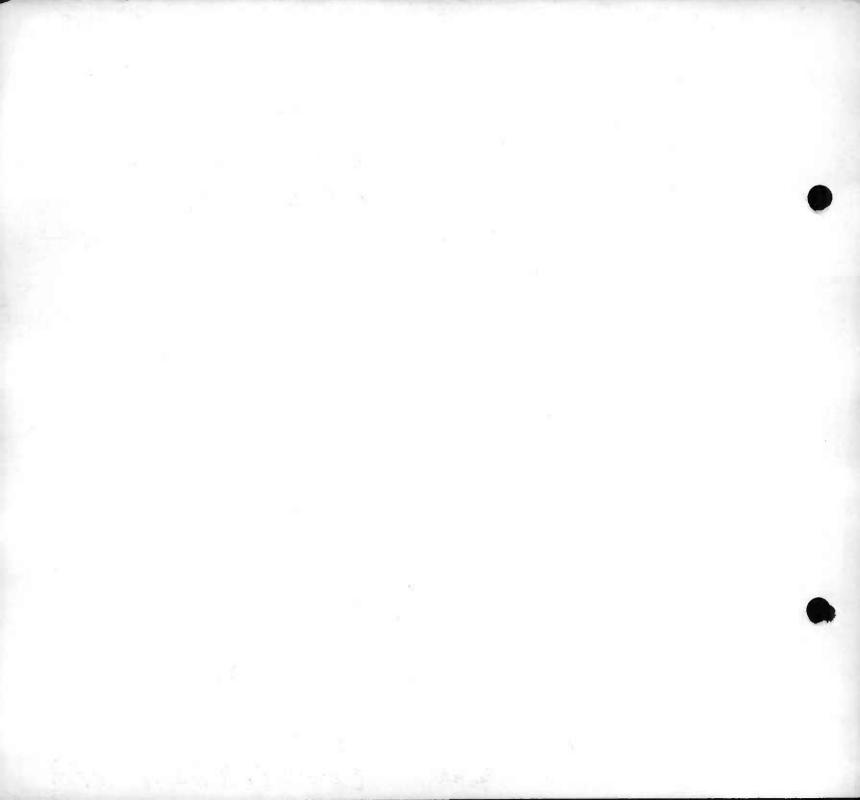


	B-2/11 -11 0105	BALTIMORE CITY	HEALTH DEPARTMENT		
B	ITH NO.	CERTIFICA	TE OF DEATH	REG. NO.	13 0405
1.	NAME OF DECEASED ype of Print)	1 11	2. DATE	AND HOUR OF DEATH	11 8183
3	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	14. USUAL RESIDENCE	25/7/ Where deceased fived. It in:	15:18 AN
			A. STATE B. CO	UNITY	stitution: lesidence before odinission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	N. W.	DE CITY LIMITS?
ľ	.90		Baltimo	RE	YES NO
1	HARBOR VIEW C.	0	E. STREET AND NUMBER	F NIVER	Ctoest
5.	SEX 6. RACE 7. MAR	RIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
10	A. USUAL OCCUPATION (GITO kind of work 108, KIN		4-10-37	311	
do	ne during most of working life, even if retired)	D OF BOSINESS OF INDUSTRE	II. BIRIMPLACE ISlote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	14. S. A.
	Harrold Crawfor	e d	Luci	Lacin	
15. (Y	Was Deceased Ever in U. 3. Armed Forces? es,no or unknown! Uf yes, give wor at dotes of serv	16. SOCIAL icel SECURITY NO.	17. INFORMANT	engis	ADDRESS
	no	215-24-1109	Chart	Of Patie	ent-
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	- Subdur	el Heuston	1 mis
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc		CONSEQUENCE OF:		
	injury or complication which caused death.) ANTECEDENT CAUSES	4	Aperleitore	ou	
	DISEASES OR CONDITIONS, if any, gi	ving (8) DUE TO, OR AS	ACONSEQUENCE OF:	4	
	ise to the above cause IA) stating UNDERLYING CONDITION last.	the (c)	raelieon	oney	3 WK.
z	OTHER CLOSES	2			
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL IN	elumoria	· .	
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE FI	NDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID		City, give exact location)
ZAZ	DEATH (notify medical examines)	hame, form, factory, street, aff etc.)	ice bidg., INJURY OCCUR?	hi in outmore	City, give exoct locollon;
MEDI	21D-TIME (Manth) 1Doy) 1Yeorl (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
<	(APPROX.)	While At Nat While At Wark			7
	22. I certify that (I) (this hospital) attend		8/24	19 Z/taS	125 1971
	that (I) (we) last saw the deceased alive		19and	that in (my) (our) apini	an death accurred an the date
	and haur and from the causes stated abov 23A. SIGNATURE	e. (i) (#e) (ala) (did nat) vi	ew the bady after death		23B, DATE SIGNED
	Kenneth K	rulevitz DEGREE Phys.	ding Med.	Staff Phys.	8/25/71
	23C. PHYSICIAN'S NAME ITypel	DEGREE	3D. ADDRESS		1
24	A. BURIAL CREMATION, 24B. DATE 24	Drulzvilz DEGREE	115 West	Monum	
	REMOVAL (Specily)	C. NAME OF CEMETERY OF CREE	AAIGRY A 24D.	1/1/1/2.	tawn, or caunty) (Stote)
25.	A DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS ADDRESS
	AUG 31 1977. Robert & Jan	Bei ALD 1	E-0. W1	Lson 100	a Brombley An
VS	150-REV. 1/1/68				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

DATE AND HOUR OF DETAYED DATE AND HOUR OF DEATH STAM STATE R. COUNTY STAM A. STATE R. COUNTY STAM A. STATE R. COUNTY		H -40 '71 8186 CEPTIFICA	HEALTH DEPARTMENT TE OF DEATH REG. NO. 71 8186
S. PALCE IN BALTIMORE, MARRIAMO, WHERE FRONOUNCED DEAD A. STATE COUNTY S. TATE COUNTY A. STATE C.		BIRTH NO.	TE OF DEATH
S. PLACE IN BALTIMORE, MARTIAND, WHERE FRONOUNCED DEAD A. STALE B. COUNTY ADDRESS OR ICOATION FULL NAME OF ADDRESS OR ICOATION. FULL NAME OF ADDRESS OR ICOATION. FULL NAME OF ADDRESS OR ICOATION. ADDRESS OR ICOATION. ADDRESS OR ICOATION. ADDRESS OR ICOATION. F. STREE AND NUMBER ADDRESS OR ICOATION. TO BE STREET AND NUMBER TO BE STRE		(Typo or Print)	
SEX OF RACE MARRIED NEVER MARRIED NO	3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived II institution; residence before admission)
S. SEX G. BACE 7- MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE En years Months: Days Hours Months	H	HOSTITAL OK ADDRESS OR LOCATION!	C CITY OF COLUMN
S. SEK O. RACE NEVER MARRIED NEVER MARRIED O. DATE OF BIRTH O. AGE on years		Bon Secones Hospima	BACTIMORE, YES NO
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHELACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHELACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHELACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHELACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHELACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHELACE (Stole or loreign country) 13. BIRTHELACE (Stole or l	5.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WOS Deceased Ever in U. S. Armed Folcest 16. SOCIAL 17. MFORMANT 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MATTER'S NAME 18. MOTHER'S NAME 18. MOTHER'S NAME 18. MOTHER'S NAME 18. MOTHER'S NAME INTERVAL 18. MOTHER'S NAME INTE			4-17-13
13. FATHER'S MAME	de	sone during most of working life, even if refired	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
SECURITY NO. SECU		D. F.A. W. S. C.	Houth Minflend USA
SECURITY NO. SECU		Erie Aller	Sallie
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follow, osthenic, etc.) It means the disease, injury or complication which coused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (AI stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A.). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING TO ROW HICH OPERATION CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? 21D. TIME (Month) (Doy) (Teal (Houd) 21E, INJURY OCCURRED CONTRIBUTING CAUSES OF DEATH? 21D. TIME (Month) (Doy) (Teal (Houd) 21E, INJURY OCCURRED CONTRIBUTING CAUSES OF DEATH? 21D. TIME (Month) (Doy) (Teal (Houd) 21E, INJURY OCCURRED CONTRIBUTING CAUSES OF DEATH? 22. I certify that (I) (this hospital) othended the deceosed from S-4-7/ 19 to S-24 19 7/ ond that in (my) (aur) opinion deoth occurred an the date	15, (Y	5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown! (II yes, give wor or dolos of service) 16. SOCIAL SECURITY NO.	17. MFORMANT ADDRESS
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While At Work Not While Not While	110		
22. I certify that (1) (this hospital) attended the deceased from 8-4-7/ 19 ta 8-24 19-7/ that (1) (we) last saw the deceased alive an 8-24 19-7/ and that in(my) (aur) opinion death occurred an the date	ME	(APPROX.) While At Not While	
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and hour and from the causes stated above. (1) (We) (did) (did not) view the hady after death		·	19 7/ ond that In(my) (aur) opinion death occurred an the date
1 23A SIGNATURE		and hour ond from the couses stated above. (I) (We) (did) (did not) vie	
Ce ares for lud MD Attending Med. Shaff of Shaff of		reares for had MD Attend	
23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS Director Phys. 23D. ADDRESS		pegage Phys.	
MARCO PLOREZ MD BOULSECOURS WERE ON THE SANSKIND		MARCO PLOREZ MD 1	
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, fown, or county) (Stote)	24/	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	
Burial 8-30-71 Culutus Cont / While Me	2	Burial 830-71 (Subutua	Cont / Whiles mel
AUG 31 1971 Rebert & Jaber M.D. 256. NAME OF REGISTRAR 256. FUNERAL DIRECTOR ADDRESS.	125		



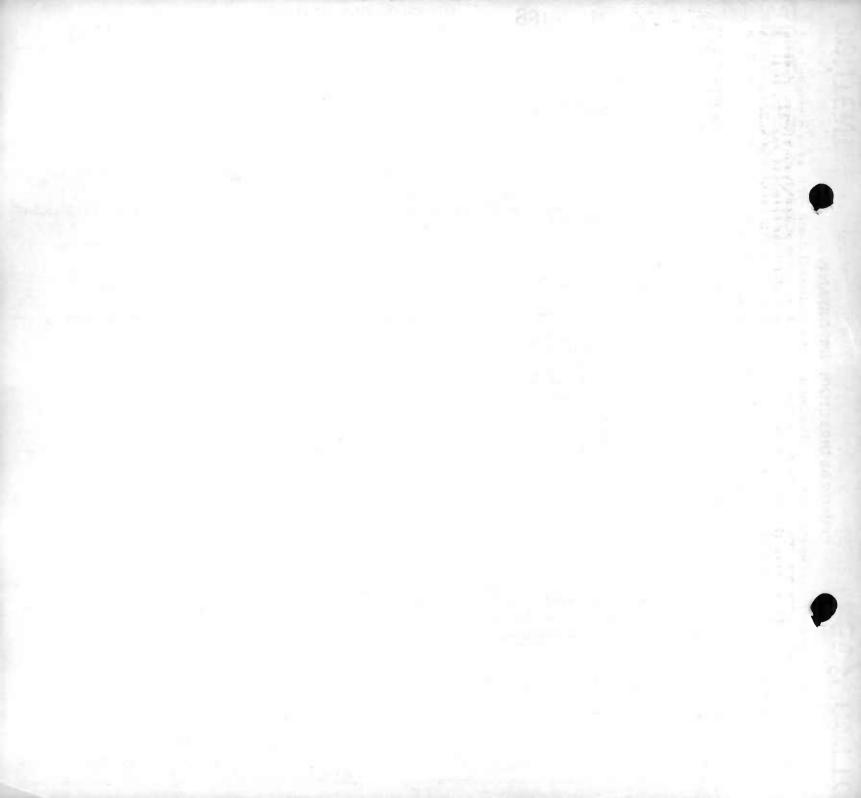
FUNERAL DIRECTOR: IMPORTANT

D-100 71 8187		TE OF DEATH	71.	8187
(Typo or Print)		2. DATE ANI	D HOUR OF DEATH	24130
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOL FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI		4. USUAL RESIDENCE INFORMA, STATE Md. B. CQUNI 57/9 Gdmc C. CITY OR TOWN	Baltimore On State D. INSIDE C	e 2744
	Hosp.	E. STREET AND NUMBER 57/9 Edr	nondern a	(ml 21228.
male white WIDOWED	NEVER MARRIED DIVORCED	7/02/93	70	Under 1 Yr. Il Under 24 Hrs. nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF dane during most of working life, even if retired) Refiled from B+O R-R -Te 13. FATHER'S NAME Joseph Clement DuBay	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign to Clemen to	S,	United StatesA
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (II yas, give war or dates of service) Yes W W I	16. SOCIAL SECURITY NO. 705-05-538	Mrs. Mary Le		ADDRESS 719 Edmondson Avenue
iThis does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(B). DUE TO, OR AS	A CONSEQUENCE OF:	steel	3/(3/+/-6/2+/
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 178. CONDITION FOR W WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B.	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IP YES, WERE FINDII IN CERTIFYING CAUSES	NOS CONSIDERED OF DEATH?
OR CONTRIBUTINO CAUSE OF home etc.)	PLACE OF INJURY (e.g., Ir , farm, factory, street, al	or about 21 C. WHERE DID	(II to Baltimare City)	give exact lacation)
OF INJURY (Month) (Doy) (Year) (Hous) 21E. While Work		21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attended the thot (I) (we) lost saw the deceased olive on	August 27	19 7/ ond the	t in (my) (our) opinion	death occurred on the date
and hour ond from the couses stoted above. (1) 23A. SIGNATURE Metanonal 23C. PHYSICIAN'S NAME (Typol Pimpa metanon metanon metanon	MO DEGREE Phys	Med. S Director P		DATE SIGNED 2 / 4 / 4 / SACTO AND 2 / 2 2 3
24A. BURIAL CREMATION, 24B. DATE 24G.NA. REMOVAL (Specify) 8/30/71 Nood	ME of CEMETERY of CRE	MATORY 24D. LO Bali	cation (City, low timore, Md.	rn, or county) (State)
AUG 31 1971 P.S. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	Ste Ling Dune ad E 136 Edmondson o Catomorille Al	

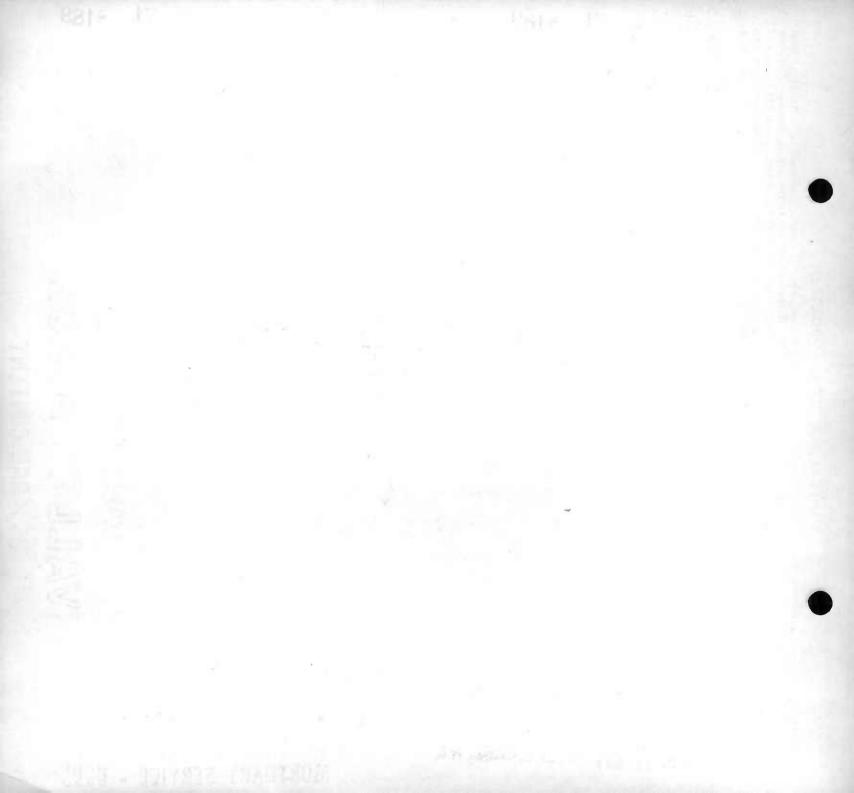


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

	Z -/00 71 81		CERTIFICA	ATE OF DEATH REG.	1 9190
	e or Printl JULIUS	O. ZA	BAWA	2. DATE AND HOUR OF 8/27/7/	DEATH 9 20 A
3. P	LACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	CED DEAD	II A. STATE B. COUNTY	ved. If institution: residence before admission
FUI	L NAME OF SPITAL OR ADDRESS OR LOCA	L OR INSTITU	TON, GIVE STREET	MARYLAND	902
INS	TITUTION			C. CITY OR TOWN	D. INSIDE CITY LIMITS?
7	INION MEMORIAL	MUSPII	AL	E STOFFE AND AUMOUN	YES NO
		RYLAN	D.	1514 E, 33 PD	ST
5. SI	MW	WIDOWED		8. DATE OF BIRTH 9. AGE (in y lost birthday) 5/30/18	Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work during most of working life, even if refired)	108, KIND OF	SUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTR
				MINNESOTA	U.S.A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN NAME	
		and to the			
S. W	Yos Deceased Ever in U. S. Armed Forc no or unknown! (If yes, give war ar dates	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
				MARGARET ZABA	WA SAME AS ABO
	DISEASE OR CONDITION DIRE	ECTLY	CAUSE OF DEA	Parts Margarden	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT I Infunction a I how
NC	DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE	stating the	(c)	S A CONSEQUENCE OF:	
< 11	DISEASE OR CONDITION GIVEN IN PART 19 A DATE OF OPERATION 198 COND	1 (A).	IICH OPERATION	20A. AUTOPSY? (Yes or No.)! 20R. IF YES	WERE EINDINGS CONSIDERED
CERTIFIC	WAS PERFO	DRMED		20A-AUTOPSY? (Yes or No.) 20B, IF YES	ING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF CEATH (notify medical examine)	218. P home, etc.)	ACE OF INJURY le.g., form, foctory, street,	in or obout 21 C. WHERE DID (If In office bidg., INJURY OCCUR?	Boltimore City, give exact location)
MEDI	21D.TIME (Month) (Day) (Year) OF INJURY IAPPROXI		At Not Wh	21F. HOW DID INJURY OCCUR?	,
1				821 19 1/ to	8/2/ 19//
	22. I certify that (1) (this hospital)				
2	22. I certify that (1) (this hospital) that (1) (we) last saw the deceased		927	19 7/ and that in(my) (a	/
2	hat (1) (we) last saw the deceased	alive on	927		/
2		alive on	927		
2	that (1) (we) last saw the deceased and haur and from the causes state	alive on	(We) (did) (did not) M, D AH	view the bady after death.	iur) opinion death accurred an the do
2	that (1) (we) last saw the deceased and haur and from the causes state	alive on	927 (We) (did not) M, D AH	view the bady after death.	iur) opinion death accurred an the do
2	that (1) (we) last saw the deceased and haur and from the causes state 3.3. SIGNATURE Linne L 23.C. PHYSICIAN'S	alive on	(We) (did) (did nat) M, D DEGREE Ph	ending Med. Staff Mrs.	iur) opinion death accurred an the do
2 2 2 2 2 2	that (1) (we) last saw the deceased and haur and from the causes state 3.3. SIGNATURE Linne L 23.C. PHYSICIAN'S	ed above. (1)	(We) (did) (did not) M, D AH	ending Med. Staff Mrs.	238. DATE SIGNED 8/27/7/ (City, town, or county) (Stotel
2 2 2 2 2 2 2 2 4 4	that (I) (we) last saw the deceased and haur and from the causes state 3A. SIGNATURE LILLIANS NAME (Typel BURIAL CREMATION, 248. DATE REMOVAL (Specily) 8-3/6/	ed above. (1)	(We) (did) (did nat) M, DEGREE Ph DEGREE DEGREE AE of CEMETERY of CE	ending Med. Staff Mrs.	238. DATE SIGNED 238. DATE SIGNED 8/27/7/



D-10%	BALTIMORE CITY	HEALTH DEPARTMENT		74 0400
RTH NO. 04, 11 8189	CERTIFICA	TE OF DEATH	Registered No	1 8183
NAME OF DECEASED	OI	2. DATE A	NO HOUR OF DEATH	-11
Sen 4 amin	Phip	5 81	22/71	1 350
PLACE OF DEATH IN BALTIMORE, MARYLAND	V 8	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. II ins	stitution: residence before admission
FULL NAME OF - (If not in hospital or institut	lion, give street	mo	er.	1305
HOSPITAL OR . oddress or location)		C. CITY OR TOWN III .	utside city limits, write R	URAL ond give township)
-8	-4	BAITO.		
m, 1, 10	, ,/	D. STREET ADDRESS / (I)	f rural, give location))
Maryland bener	el Hop.	13/11 t/m	Hre 2	1211
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
William Company Company	o Or Bushiese On Industry	8/2017/	ļ.,,	1119
A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	D OF BOSINESS OK INDUSIKI	11: BIRTHPLACE (State or los	eign country?	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland		America
FATHERS NAME		14. MOTHER'S MAIDEN NA	AME	01
Franklin Ha	mis .	Dernita	V Adaze	Phinne
Was Deceased Ever in U. S. Armed Forces? es,no oi unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	n/me.	mother	51-	-1 ac alone
1B. 9 2 9 1	CAUSE O	F DEATH	A	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		010	/.)	ONSET AND DEATH
LEADING TO DEATH	(A)	Cerebral 1	remorrage	
(This does not mean the made of dying, head failure, asthenia, etc. It means the dise			0- 1 -	
injury ar camplication which caused death.)	145	Relm. Stel	estano	
ANTECEDENT CAUSES	DUE TO	7.		•••••
DISEASES OR CONDITIONS, if any, gi				
UNDERLYING CONDITION lost.	ALBECTOTOR	000000 0 0 0 0 0 0 0 000		2 555 600 7 60 600 000 000 000 000 000 000 000 000
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IO) 208 IF YES WERE E	INDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION I	OR WHICH OFERATION	AUTOFST: (Tes of the	IN CERTIFYING CAL	ISES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY le.g.,	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, or etc.)	ffice bldg., INJURY OCCUR?		
	21E, INJURY OCCURRED	21F. HOW DID IN	IURY OCCUP?	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While AI Not Whil	le C		
	Work At Work			The state of the s
22. I certify that (1) (this hospital) attend	ed the deceased from		_19to	19
that (I) (we) lost saw the deceased alive	on	19ond t		nion deoth occurred on the do
and hour and from the causes stated about	re. (1) (We) (did) (did not) v	view the body ofter death.	•	
23A. SIGNATURE				23B. DATE SIGNED
1 Juanus	M.D. Atte	ending Med. Director	Stoff Phys.	8/22/71
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	0. 0. 11	
P. HOOMAPE	RN M.D.		11.6.14.	
A. BURIAL CREMATION, 248 DATE 24	IC. NAME OF CEMETERY OF CH	ENTARO TA LINE	PENIEWS NE LO	, o vn, or to (, ty) (Stote)
REMOVAL (Specify)	Al	MIUMI DUA	I'A OL IUVII	ILAND
SA. DATE REC'D BY HEALTH DEST.	MOF RESSEAR	SNS FUHADELN	S MENICAL	CC MANIESS
AUG 31 1971 Vale 2 4	MOS REPORTAR	THE TUIL OF IN	9 MILDICAL	OF BOUR
150-REV. 1/1/65		A MUKIU	KX SERVI	
130-NL V. 1/1/03	1.44			4 W 4



AND MAKES TO SEED AND

Ps * .

Adm. 6/3/71 to Lake Dr. N. H.

From Md. Gen. H. Prev. to that

lived in Bolton Hill N. H. For lyr.

Last home Addless 317 Berlin Ave.

Glen Burnic

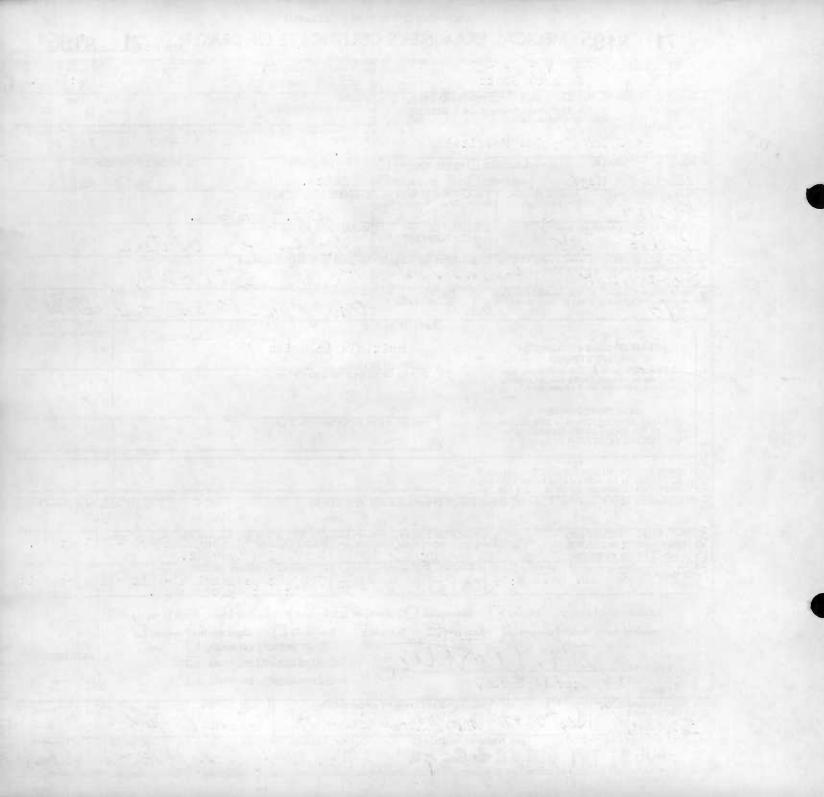
lary m.a	BALTIMORE CITY HEALTH	H DEPARTMENT	24
BIRTH NO. 1 8193	CERTIFICATE O	OF DEATH REG. NO.	71 8193
1. NAME OF DECEASED	1	2. DATE AND HOUR OF DEAT	н
L COWARD D	UVDGE	8/10/-	7/ 1 //5
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		AL RESIDENCE (Where deceosed lived If	institution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		ARVCAND	NSIDE CITY LIMPS?
- UNIV. OF MARKERI	OV CV	BACTIMORE ET AND NUMBER	YES NO
HOSPIT	AC 3	5 226 ST CHAR	CES AVE
MIDOWED [DIVORCED 7/	OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Tr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY 11. BIRTH	HPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired) LABORER (ON)		NORTH CAROUN	
13. FATHER'S NAME	14. MOT	THER'S MAIDEN NAME	7 0.3.
WALTER SUDGE			C
15. Was Deceased Ever in U. S. Armed Forcas? (Yes, no or uglybown) (III yes, give wor of doles of service)	1 6. SOCIAL 17. INFOR	NURSE DON	
NO .	SECURITY NO.	SP CHART	ADDRESS
18. 4 8de, XI+0///4	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		_	BETWEEN ONSET AND DEAT
(This does not mean the made of dving, e.g.	(A) IMMEDIATE CAUSE 6 1	PAM NEGATIVE SE	PTICEMIA 24 ho.
heat lailure, osthenia, etc. It meons the disease, injury or camplication which caused death.)	DUE 10, OR AS A CONSEQ	QUENCE OF:	10 days
ANTECEDENT CAUSES	0. 1/5-	7.17.	1.0
DISEASES OR CONDITIONS, if any, giving	(B) GM NEG	PNGU MONIA	10 days
rise to the above cause (A) stating the UNDERLYING CONDITION lost.		QUENCE OF:	
CHECKING CONDITION TOST.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	PULMONAI	RY TUBERCULOS	15
IDISEASE OR CONDITION GIVEN IN PART 1 (A)	MIXED PAROTID C.	CAND TUMOR (EX	CISED
19A. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION 20A. A	AUTOPST? (Yes or No.) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ä			AUSES OF DEATH?
2100	LACE OF INJURT (e.g., in or about a form, factory, sirest, office bldg., I	21 C. WHERE DID (II In Boltims	ore City, give exect location)
O DEATH (notify medical examined) etc.)			
	NJURT OCCURRED 2	21F. HOW DID INJURT OCCUR?	
(APPROX.) While	Not While		
22. I certify that (I) (this hospital) attended the		8/18 19 70 10	8/29 10 7/
that (1) (**) last saw the deceased alive on	/	The state of the s	
and haur and fram the causes stated above. (1)	(Mah(did) (Mahah yian aka k	7/ and that In(my) (ap	inion death occurred on the dat
23A. SIGNATURE	Alaw Lue Po	rudy offer death.	23 B. DATE SIGNED
Muse R Shugar	Attending Phys	Med. Shoff	AL AL
23C. PHTSI CAN'S NAME (Type)	DEGREE Phys. 23D. ADDR	Director L. Phys. L.	8/29/197/
MAMPILYON R HE	(Mno) MA)	UNIV. DE ME	ylas 5
24A. BURIAL CREMATION, 24B. DATE 24C.NAI	DEGREE DE CREMATORT	200 1000000	. HOSP
REMOVAL (Specify)		1)	ity, town, or countyl (State)
SUR IN I HEALTH DEPT. 258 NAME OF	BUTUS MEM.	PARK BALT, CITY	Mp.
SA. DATE RECO BY HEALTH DEPT. 258. NAME OF AUG 31 1971 Pale & E. Jak	25C. FL	DRION + DYETT	ADDRESS
			1701 LAUREN

and the second of the second o Planting 1871 - The American

. = 230

71 BIRTH NO	8194	MEDICA	L E	XAMINER'S			OF	DEAT	H REG. NO.	1 8	194
1 NAME	OF DECEASED	. FAUST			2. DATE OF DEATH	Known		Month	Doy	Yeor	Hour
4. PLACE FULL NAME HOSPITAL OR INSTITU	E OF (IF NO	ARYLAND, WHERE POT IN HOSPITAL OR INSESS OR LOCATION)			3. DATE PRONO	UNCED DE		-	Day st 30,19		10:45 A
00		ondson Aven	ue		A. STATE	esidence Mary1a	(Where	deceased II	B. COUNTY	n: residence	before admission)
6. SEX Fema	le 7. RACE	8. MAR		NEVER MARRIED DIVORCED	C. CITY OF Balt	imore			D. INSIDE C	_	NO 🗆
9. DATE C	t 8, 1934	10. AGE (In years lost birthdoy) 36	H U Mon	nder 1 Yr. II Under 24 Hrs. ths: Days , Hours , Min.	E. STREET			n Aver		E2 X X	NO L
II. BIRTHP	LACE (Stote or lore)	gn country)		CITIZEN OF WHAT COUNTRY?	13. FATHER						
done during C 1 6	most of working life, en	en if retired):	OF	BUSINESS OR INDUSTRY		r's MAIDE		NE .			
16. WAS D	ECEASED EVER IN	U.S. ARMED FORCE	5?	17. SOCIAL SECURITY NO.	18. INFOR			261	9 Edmon	DDRESS	
OTHIS OTHI	ANTECEDENT ANTECEDENT EASES OR CONDITI TO THE ABOVE CA DERLYING CONDIT	DOEATH mode of dying, e.g., i. It means the disease, ch coused death.) CAUSES ONS, IF ANY, GIVING USE (A) STATING THE	IING	(A) IMMEDIATE CONTROL OF A	S A CONSEQ						
-1	ASE OR CONDITION	GIVEN IN PART 1 (A)		WHICH OPERATION WA	S PERFORM	ED				21. AUTO	PSY? (Yes or No)
L UTING	URY	TRIB-	r) 22	ALACE OF INJURY (e.g., farm, lactory, street, office certification of the certification of th	WHILE	MURY OC	CUR?	f in Baltimor		ict location)	
A SI E)	CTUAL	eld on Inquiry [intured courses K]	1/2	Suicident Suicid	- ASSI	and that micide CHIEF MED STANT MEE	ICAL EX	ndetermin KAMINER KAMINER	death in my ned manner [j	DATE SIGNED
	(Specify)	9/2/71		Arbutus Memor			1	ocation alto.,	(City, town	or county)	(State)
25A. DATE	AUG 31	DEPT. 258. N	AME	of registrar Jaber, KD.	25C. F M OF	UNERAL D	IRECTO	R TT FUN		MES, I	
VS 151-REV.	1/1/68		Profess.			0 0			, ,	, ,	

BII	71 RTH NO.	8195	MED	ICAI	LEXAN	AINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	71	8195
L. Civ	NAME OF DE	EASED		ATE			2. DATE	Known XX	Month	Doy	Year	Hnur
			Saundr	A			OF DEATH	Estimated	8	27	71	9:44 p.
	PLACE IN BAI						3. DATE	UNCED DEAD	Month	Day	Year	Haur
HC	SPITAL	ADDR	ESS OR LOCA	TION)	TITUTION, GIV	ESIKEEI						
	33		Hopki		ospital		A. STATE Md.	ESIDENCE (Where		red. If Institution B. COUNTY	: residence	before admission)
6.	SEX	7. RACE		8. MARI	RIED NEV	ER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
Ļ	female	Neg			WED 🗌	DIVORCED	Balt			YE	s 🗌	по 🗆
y. 1	DATE OF BIRT	41	10.AGE (Ir lost birthdo	years y)	Months Day	r. II Under 24 Hrs.		25 E. Lanv	ale St			
11,	BIRTHPLACES	tide or forel	on country)	,	12. CITIZEN WHAT C	OF OUNTRY?	13. FATHER		١. ر	Wate	Ka	
14A don	USUAL OCCU	PATION (GI	re kind of work				15. MOTHE	S MAJOEN NAM	AE .	,	-	
	SUDER	1150h			Y YALE:	SCENI	Te	ul i	STr	AWI		
lá. (Ye:	WAS DECEAS	ED EVER IN (Il yes, give	U.S. ARMED war or dates	FORCE:	5? 17. SC SE	CURITY NO.	Learl Tearl	Water	1203	E 3	DRESS	PI
	19.	=14	. 7			CAUSE OF DEA	TH	v- au-				PPROXIMATE INTERVAL
	DISEAS	E OR CONE	OTION DIREC	TLY		M111 t	iple in	niuries			DETV	YEEN ONSE! AND DEA
U		LEADING TO				(A)IMMEDIATE C		-5				
	heart failure	, asthenia, éta	mode of dyl It means the ch coused dep	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
				,								
		NTECEDENT OR CONDITI		. GIVING		(B) DUE TO, OR	AS A CONSEC	UENCE OF:				
	RISE TO THE	ABOVE CA	ONS, IF ANY USE (A) STAT ION LAST.	ING THE								
O			11			(c)						
CERTIFICATION	TO THE DEA	LTH BUT NOT	NOTIONS CO RELATED TO GIVEN IN PA	THE TERM	INAL							
ERT	20A. DATE OF	OPERATION	1 20B. CON	DITION	FOR WHICH	OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
												es
EDIC	UNDERLYING UTING CA	USE OF DEA	TRIB-			STREET	~ \		iver S	t.	e e	15 ft No.
	OF INJURY		20 (Yeor) 27 71	8:0.		RY OCCURRED		F. HOWDID INJ		***	+ mbil	le crossin
	(APPROX.)			p .	m. WORK	AT W	ORK A	street	by two	cars.	L WIII.	le Clossii
		ify that I h	eld on in	quiry 5	Inspe	ction Au	opsy KXX	and that on th	is basis.	leath in my a	ninion	
	result	ed from: N	latural caus	_//	Accident			CT000		ed manner	_	
		- 7	11	/		1		HIEF MEDICAL E				
	SIGNATU	RE	Le	11	evi	MAMO	ASSIS	TANT MEDICAL E	CAMINER	xk		DATE SIGNED
	EXAMINI NAME (T	ype) Pe	eter Li	pkov:		,		CIATE MEDICAL EX	CAMINER		8,	/28/71
REI	NOVAL (Specification)	MATION, 2	48. DATE	. 1971	24C. NAM	Malunal	Mem CREMATO	RY 24D. L	GULD	Schy, lown,	gr county)	(Stote)
252	. DATE REC'D	BY HEALTH	DEP1.	258. N	AME OF REC	GISTRAR	26C. F	UNERAL DIRECTO	R	C / AD	DRESS	1
	AUG	31 19	71 Rol		Jaber		ac	eph G.	dock	1/3	ofh.	(entral)
VS	151-REV. 3/1/68	M	3	377	7		1	100		/		



W320

VS 151-REV.-1/T/68

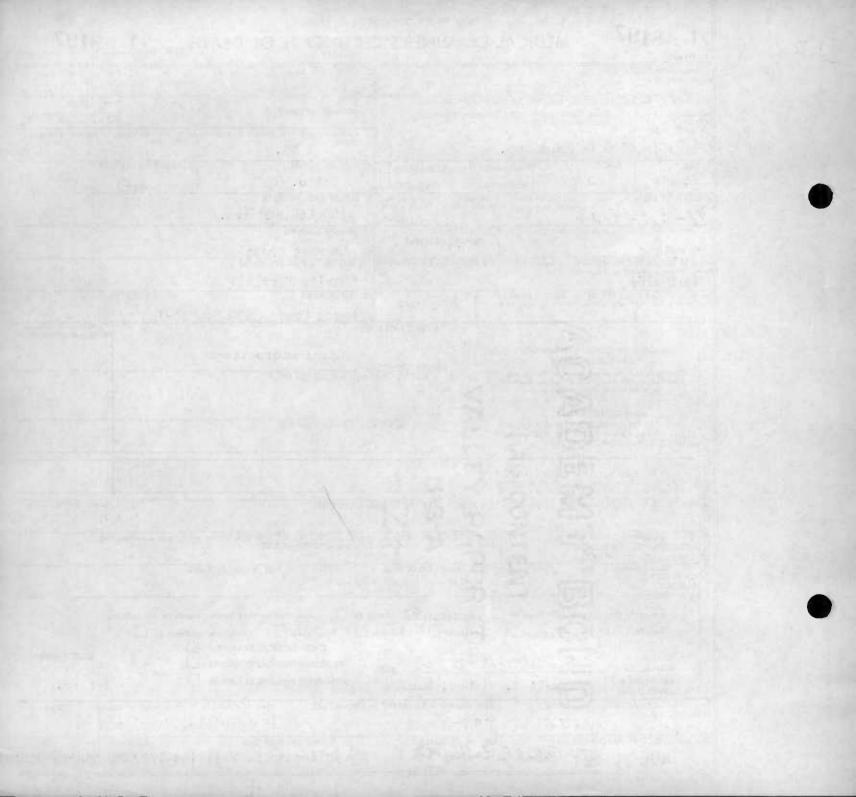
BIRTH NJ 8196 MEDIC	CAL EXAMINER'S	CERTIFICA	TE OF	DEAT	H REG. NO	14 8	196
1. NAME OF DECEASED		2. DATE K	nown	A4	-	V	· ·
(Type or Print) Dolores A. W	atts	OF	stimated	Month 8	28	Year 71	4:10 a.
4. PLACE IN BALTIMORE, MARYLAND, WHER		DEATH E	stimated 🗀	Month			Hour
	R INSTITUTION, GIVE STREET	PRONOUNCE	18314	8	28	Yeor 71	14:10 a.
302 North Eden	St.	5. USUAL RESIDE	NCE (Where	dece osed I	B. COUNTY	n; residence l	before admission)
6. SEX 7. RACE 8. A	MARRIED NEVER MARRIED	C. CITY OR TOW	/N		D. INSIDE C	ITY LIMITS?	
	DOWED DIVORCED	Balto.				ES 🗌	по 🗆
9. DATE OF BIRTH 10. AGE (In year lost birthdoy)			Number North H	Seth C			NO L
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NA		7	ODINS	can	
14A.USUAL OCCUPATION (Give kind of work 14B. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 15! MOTHER'S N	AIDEN NA	AE _	TV N	570	
HI J	ocial vertices	DOFA	u	/H/	11/11	7	
16. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or uping with yes, give war or doles of se		18 INFORMANT	Watto	14.	47.3	poress	001
19.	CAUSE OF DEA	TH		~ /			PROXIMATE INTERVAL
DISEASE OF COMPRION PROCESS	Gu	nshot woun	d of he	ead		SETW	EEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying,	e.g., (A)IMMEDIATE	AS A CONSEQUENC	E OF:				
heart lailure, asthenia, etc. It means the dise injury or complication which coused death.)	GSe _g						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	/ING (B) DUE TO, OR	AS A CONSEQUEN	CE OF:				
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL						
20A. DATE OF OPERATION 208. CONDITI	ION FOR WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes or No)
O						WAS	(head)
< 22A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY (e.g.,	in or obout 22C. V	HERE DID (lf in Baltimo	re City, give exc		(IIcaa)
UNDERLYING OR CONTRIB-	home, form, factory, street, office BAR	bidg., etc.) INJUR	3 OZ NI	orth E	den St.	hal	25
2 22D. TIME (Month) (Dov) (Year)	(Hour) 22E,INJURY OCCURRED	22F. H	OW DID IN			C/ S	
	55 WHILE AT NOT MOT MORK AT W	WHILE Sub				g alte	rcation.
		ead)	d shoe on sh	to boots	death in my		
I certify that I held an Inqui	PV Inspection Au					ADIDIAN	
I certify that I held an Inqui							
I certify that I held an Inqui		le Homici	de XX t	Indotermi	ned manner [
		Homicio CHIEF	MEDICAL E	Indetermi KAMINER	ned manner [DATE SIGNED
ACTUAL SIGNATURE		Homicia CHIEF	de XX t	Indetermi KAMINER	ned manner [j	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S	Accident Sulcio	Homicia CHIEF ASSISTAN	MEDICAL E	Indetermi KAMINER KAMINER	ned manner [j	DATE SIGNED /28/71
resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Li 24A, BURIAL CREMATION. 1248, DATE	Accident Suicide Suicident M.D. Suicident M.D. Accident M.D.	Homici- CHIEF ASSISTAN ASSOCIATE	MEDICAL E	Indetermi KAMINER KAMINER KAMINER	ned manner [8	/28/71
resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Li 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 9/2/7/	Accident Suicide	Homici- CHIEF ASSISTAN ASSOCIATE	MEDICAL E	Indetermi KAMINER KAMINER	ned manner [j	

244 n. Bethel St

BALTIMORE CITY HEALTH DEPARTMENT

71. 819	97 MI	EDICA	L EXAMI	NER'S			OF D	EATH	H REG NO	11 8	197
I. NAME OF DEC					2. DATE	Known		onth	Doy	Yeor	Hour
(Type or Frint)	ALTA	V. LEW	IIS		OF DEATH	Estimote	d \square				M.
4. PLACE IN BALT	IMORE, MARYLAND	, WHERE P	RONOUNCED D	DEAD	3. DATE			onth	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOS	SPITAL OR INS	STITUTION, GIVE S	TREET		OUNCED DEA			22	1971	FM.
00	4100 Ethlar	nd Ave.			A. STATE	Md.	(where deci	e asea liv	. COUNTY	n: residence b	efore odmission)
6. SEX	7. RACE	8. MAR	RIED NEVER	MARRIED	C. CITY C	R TOWN		- 1 1 5	D. INSIDE C	ITY LIMITS?	
female	negro			IVORCED [В	alto.				ES E	10 D
9. DATE OF BIRTH	1911 10.AGE	E (In years thday)	If Under 1 Yr. If Months Doys	Under 24 Hrs. Hours Min.		O Ethla		2.		1	10 🖂
	tote or foreign country		12. CITIZEN O	-		R'S NAME					
Manuland			WHATCOU	NTRY?							
Maryland	PATION (Give kind of w	ork[14B, KIN	USA D OF BUSINESS	OR INDUSTRY	()5. MOTH	POSS CY	OSS				
done during most of w	orking lile, even Il rettro	ed)									
Housewife	D EVER IN U.S. ARA	HED FORCE	5? 17. SOCI	AI.		rity Mar	rsnell				
	(If yes, give wor or do			RITY NO.	18. INFO	KMANI			А	DDRESS	
110						ca Lewis	s 330	B. 1	Melvin		
19. 199	,0 -		CA	USE OF DEA	тн						ROXIMATE INTERVAL
DISEASE	OR CONDITION D	IRECTLY	A-10		Co	wain ama	+				
	EADING TO DEATH		(4	IMMEDIATE C		rcinoma	COSIS				
heart toilure,	ot mean the mode of osthenio, etc. It means	the disease.	,	DUE TO, OR A	S A CONSE	QUENCE OF:					
tnjury or com	plication which coused	de oth.)									
AN	TECEDENT CAUSES		4.1								
			(8)	DUE TO, OR	AS A CONS	EQUENCE OF:					
UNDESTRIN	R CONDITIONS, IF A ABOVE CAUSE (A) S G CONDITION LAS	STATING THE									
2	o consinon las		(c))							
OTHER SIGNI	FIGANT CONDITIONS	CONTRIBUTE	TIME								
DISEASE OR	FICANT CONDITIONS TH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERM	UNAL								*******************
20A. DATE OF	OPERATION 208.	ONDITION	FOR WHICH OP	ERATION WA	S PERFOR	MED				21. AUTOP	SY? (Yes or No)
0										no	
UNDERLYING	OR CONTRIB		228. PLACE OF home, farm, focto	INJURY (e.g., ry, street, office	tn or obout bldg., etc.)	22C. WHERE	DID (If In I	Boltimore	City, give exc	oct locotion)	
Q UTING □ CAL											
OF INJURY	Month) (Doy) (1	reor) (Hou				22F. HOW DI	ID INJURY	occur	17		
(APPROX.)			m. WHILE AT	NOI AT W	WHILE ORK						
23.	fy that I held an	inquiry [Inspection	on X Aus	opsy 🔲	and that	on this h	arie d	eath in my		
				_						_	
resulte	ed from: Natural a	0 /	Accident	7 Snicig	• []	iomicide		-	d monner		
ACTUAL		6) Har	sher			CHIEF MEDI				1	DATE SIGNED
SIGNATU	RE	1000		M.D.	ASS	SISTANT MEDI	CAL EXAM	INER L			
EXAMINE NAME (Ty	(pe) Kusse	e11 S.	Fisher,	M.D.	ASS	OCIATE MEDI	CAL EXAM	INER [8/2	23/71
24A. BURIAL CREM REMOVAL (Specify	<i>i</i>)		24C. NAME o		or CREMAT	ORY	24D. LOCA	-		n, or county)	(Stote)
Burial 25 A. DATE REC'D B	8-27-		White R					VIII	e, Mary	land	
		258. N	AME OF REGIST	TRAR		FUNERAL DI				DDRESS	
AUG	31 1971 0	about E	. Farber, A	60,	A	rlingtor	1 S. P	hill	ips 172	27 N. M	onroe Stre
VS 151-REV_1/1/48				er-		1 0	3				

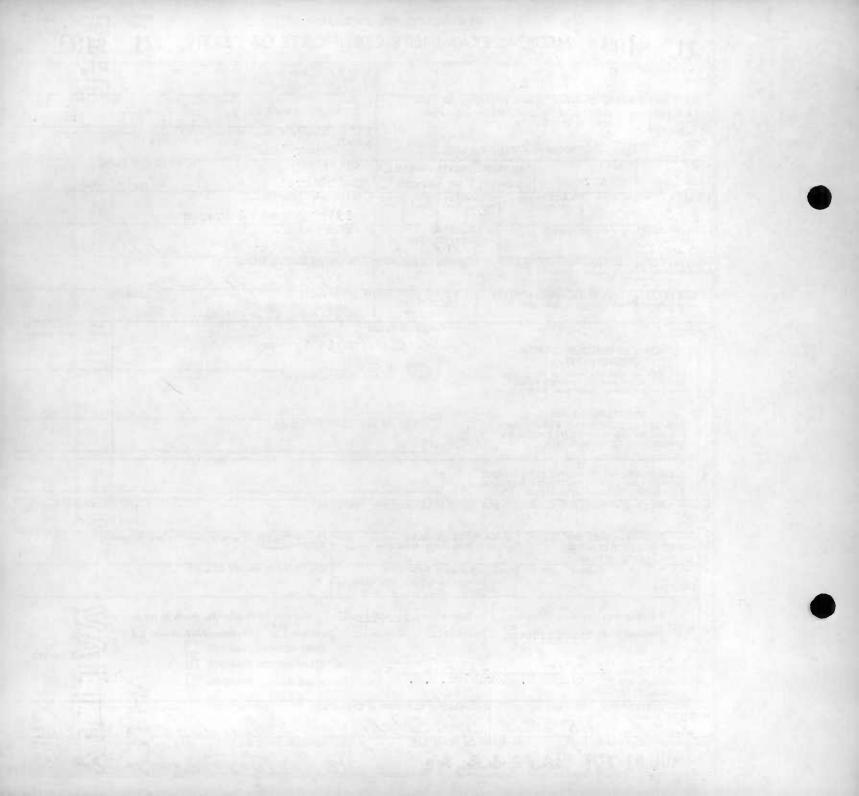
1 97 1 0 0 0 0 1 1 9 4





BALTIMORE	CITY	HEALTH	DEPA	RTMENT

NAME OF DECEASED DALE BARNER 2. DATE Lineard Mosth Day Year Mary Movement Mosth Date Da	RIP	71.8	199,	MEDI	ÇAL		AMINER'S			DEAT	H REG. NO.	1 8	8199
A PLACE IN BALIMORE, MARTLAND, WHERE PRONOUNCED DEAD ADDRESS OR LOCATION ADDRESS OR LOCATION ADDRESS OR LOCATION ADDRESS OR LOCATION BALL NAME OF PRONOUNCED DEAD AND PROPERTY OF THE PRONOUNCED DEAD ADDRESS OR LOCATION BALL NAME OF PRONOUNCED DEAD A SIATE MATTY LAND BALL NAME OF PRONOUNCED DEAD A SIATE MATTY LAND BALL NAME OF PRONOUNCED DEAD A SIATE MATTY LAND BALL NEED ON DEAD OF THE PRONOUNCED D	1. [NAME OF DEC		E BARNE	R			OF	_	Month	Doy	Year	
4. SEX MAILE NESTO NODES N	FUL	L NAME OF	(IF NO	OT IN HOSPITAL	OR INST			3. DATE PRONO		Augus	t 25, 1	971	8:10 A. M.
Male Negro WIDOWED DIVORCED Baltimore YES NO COMPANDED BALTIMORE NO CONTRIBUTION OF BUSINESS OF NO CONTRIBUTION OF BUSINESS OF ROUSE NO CONTRIBUTION OF	OR	000	929 Ri	dgewood	Aven	ue						n; residence	before admission)
7. DATE OF BIRTH I.O. AGE Gryson Student Vr. II Under 24 Ht. E. STREET AND NUMBER 3929 Ridgewood Avenue 11. BirthPARE(Stote or foreign country) 12. CITIZEN OF 13. FAITHER'S NAME 14. USUAL OCCUPATION (Growlood of weet) 148. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S MAME 14. USUAL OCCUPATION (Growlood of weet) 148. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S MAME 14. USUAL OCCUPATION (Growlood of weet) 148. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S MAIDEN NAME 14. USUAL OCCUPATION 14. U			100			-							_
11. BIRTHFLACE(Sieble or foreign country)				10. AGE (In y	ears	If Unde	er I Yr. II Under 24 Hrs.	E. STREET	AND NUMBER	nd Aven		B [2]	NO L
IAUSUAL OCCUPATION (Give land of worl) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SCORE 18. INFORMANT ADDRESS 17. SOCIAL SCORE 17. SOCIAL SCORE 18. INFORMANT ADDRESS 18. INFORMANT 18. INFORMANT ADDRESS 18. INFORMANT 18. INFORMANT ADDRESS 18. IN			itale or fore	ign country)		12. CIT	IAT COUNTRY?		'S NAME	17	/	125	81)
19. A DECESSION 19th Color work of does of service) 19.	14A done	USUAL OCCU	PATION (GI	ve kind of work 14 ven if retired)	B. KIND	OF BU		15. MOTHE	R'S MAIDEN NA				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliary, otherhat, etc.) ANTIFICEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITION LAST. OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITION LAST. (C) DISEASES OR CONDITION LAST. OTHER SIGNIFICANT CONDITION LAST. (C) DISEASES OR CONDITION LAST. (C) DISEASE OR CONDITION LAST. (C) DISEASES OR CONDITION LAST. (C) DISEASES OR CONDITION LAST. (C) DISEASES OR CONDITION LAST. (C) DISEASE OR CONDITION LAST. (C) DISEASE OR CONDITION LAST. (C) DISEASE OR CONDITION LAST. (C) DISEASES DISEASES. (A) DISEASES OR CONDITION LAST. (C) DISEASES. DISEASES. DISEASES. (C) DISEASES.	16. (Yes	WAS DECEAS	ED EVER IN	U.S. ARMED F	ORCES'	? 17	7. SOCIAL SECURITY NO.	18. INFOR	MAINI		Al	DDRESS 29 R	Edgruson
224. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY (APPROX.) 23. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my opinion resulted from: Natural causes Accident Suicide Hamicide Undetermined manner Actual SIGNATURE EXAMINER RONALD ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMIN	ICATION	(This does no heart foilure injury or con DISEASES (RISE TO THIS UNDERLYIN) OTHER SIGN TO THE DE	LEADING T of mean the of asthenia, et on plication wh NTECEDENT OR CONDIT E ABOVE CI NG CONDIT HIFICANT CO ATH BUT NO	O DEATH mode of dyln, c, it means the d lich coused death CAUSES TONS, IF ANY, AUSE (A) STATIN TION LAST. II ONDITIONS CON	GIVING THE	INAL	(a) MMEDIATE CONTROL OR (B) DUE 10, OR	leath in	QUENCE OF:			6.67	TWEEN ONSET AND DEATH
OF INJURY (APPROX.) Certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my opinion							HICH OPERATION W	AS PERFORA	MED				
The state of the s	MEDICA	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	OR CON USE OF DE (Month)	NTRIB- ATH. (Doy) (Year)	(Hour) 22E WHI m. WO	JINJURY OCCURRED LEAT NOT RK AT W	WHILE ORK	22F. HOW DID IN	IJURY OCCU	JR?)
REMOVAL (Specify) BURIAL 8-28-)/ Mf. Ca/VARY ANNE AGUNDEL Co, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS PHI//PS FUNERAL HM. 1727, N. MONDO.		ACTUAL SIGNATI EXAMIN NAME (1	URE ER'S	Notural cause Ronald N	W.	Ku	Sulcident Sulcident M.D.	ASS	omicide C CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL	Undetermie EXAMINER EXAMINER EXAMINER	ned manner [j	
THINTS TUNE RAL HAM, THE THOUSE		BURINA. DATE REC'D	(v)	8-28	25B. N.	1	NAME of CEMETERY A. Ca VA F REGISTRAR	TRY	17	NNE /	Prunde	ELC	y) (State)
	Ve		1 197	Robert	2,4	Tarb	KA!	Ph	Mips Fu	NERM	2 HM.	172.). N. Mouro



25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

AUG 31 1971

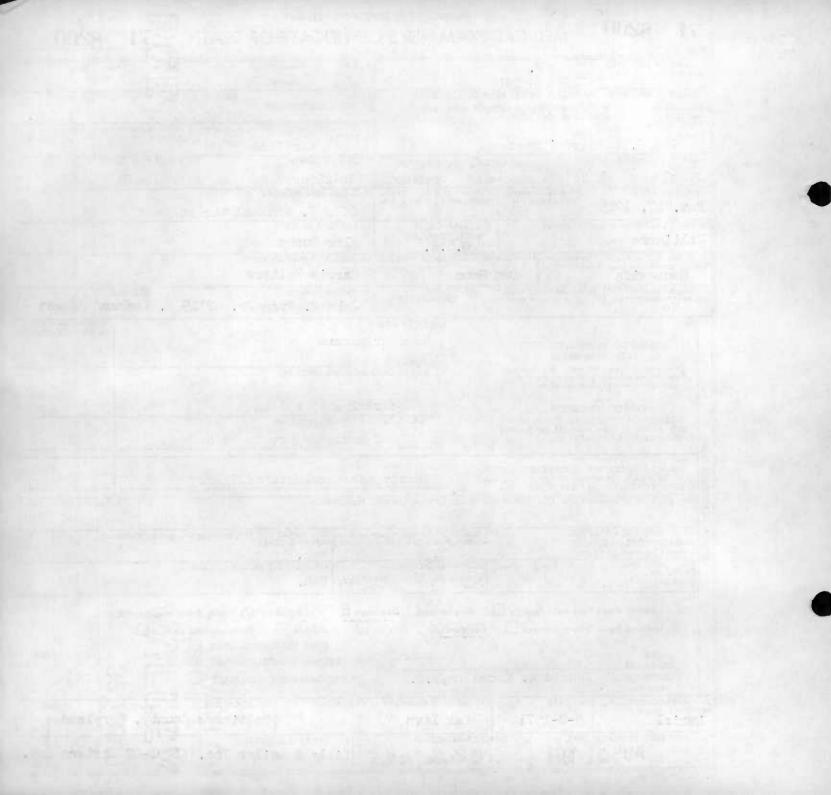
258. NAME OF REGISTRAR

Vaber E. Farber M. A. &

71 8200	MEDICAL	BALTIMORE CITY HE EXAMINER'S			DEAT	H	1 8	200
BIRTH NO.	F.		2. DATE	Known 🔲	Month	Doy	Yeor	Hour
(Type or Print)	RGINIA RYAN		OF DEATH	Estimoted				
4. PLACE IN BALTIMORE, A		RONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour
FULL NAME OF (IF N HOSPITAL ADD OR INSTITUTION	OT IN HOSPITAL OR INS RESS OR LOCATION)	TITUTION, GIVE STREET	5. USUAL RESID			30,1971		6:15 A.
2115 E. Lomb	ard Street		IIA. STATE	aryland	e deceosed ii	B. COUNTY	i: residence (105
6. SEX 7. RACE	B. MARI	RIED INEVER MARRIED	C. CITY OR TO	WN		D. INSIDE C	TY LIMITS?	
Female Whi	te widow	VED DIVORCED	Baltim	ore		Y	ES 🔼	по 🗆
Nov. 17, 1925	10.AGE (In years last birthday)	Wunder I Yr. II Under 24 Hrs. Months: Days Haurs Min.		NUMBER Lomba:	rd Str			
11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S N	NAME	Id Bel	CCL		
	ive kind of week! AR VIAIT	U.S.A. OF BUSINESS OR INDUSTRY			LA P			
done during most of warking life, Housewife	even if relired)	1 Home		Walters				
16. WAS DECEASED EVER II (Yes, no ocunknown) (II yes, give NO	U.S. ARMED FORCES wor or dates of service) I7. SOCIAL SECURITY NO.	John E	**	Jr. 21	115 E. I	ombard	Street
19.	G Y	CAUSE OF DEA	TH					PROXIMATE INTERV
DISEASE OR CON LEADING 1	TO DEATH	(A)IMMEDIATE C	citoneum AUSE AS A CONSEQUEN	ICE OF			BETW	EEN ONSET AND DE
heart loilure, asthenia, e injury or camplication w	hich coused death.)							
ANTECEDEN DISEASES OF CONDE			ation of					
I UNDERLYING COND	TIONS, IF ANY, GIVING AUSE (A) STATING THE ITION LAST.		force i		abdor	nen		
O THE DEATH BUT NO	II DIDITIONS CONTRIBUTIONS TRELATED TO THE TERM N GIVEN IN PART 1 (A)	INAL Fatty	metamorpl	hosis of	f live	c		
20A. DATE OF OPERATION		FOR WHICH OPERATION WA	S PERFORMED					PSY7 (Yes ar Na
₹ 22A. EXTERNAL CAUS	E WAS	228 BLACE OF INITION	111200	MULEDE DID	ma a tu			es
UNDERLYING OR COL	NTRIB-	22B. PLACE OF INJURY (e.g., hame, form, factory, street, affice Unk.	bldg., etc.) INJU		fit tu panimoi	re City, give exc	ct location)	0
of INJURY (APPROX.) Unk.	(Doy) (Year) (Hou		WHILE - IIn	HOW DID IN.	JURY OCCI	JR?		
23. I certify that I	held an Inquiry	Inspection	topsy 🛭 a	and that on th	ils basis,	death in my	opinion	
resulted from:	Hayural causes	Accident X Suicid	• Homic	ide 🔲 i	Undetermi	ned manner		
ACTUAL SIGNATURE	hedy	W M.D.	ACCICTAL	F MEDICAL E				DATE SIGNED
NAME (Type)	Ronald N. Ko	ornblum, M.D.	ASSOCIA	TE MEDICAL E	XAMINER		8/30	/71
24A. BURIAL CREMATION, REMOVAL (Specify) Runnial	24B. DATE Q-2-1971	24C. NAME of CEMETERY	or CREMATORY		LOCATION	(City, town	or county)	(Stote)

25C. FUNERAL DIRECTOR
Lilly & Zeiler Inc.

ADDRESS 1901-07 Eastern Ave.



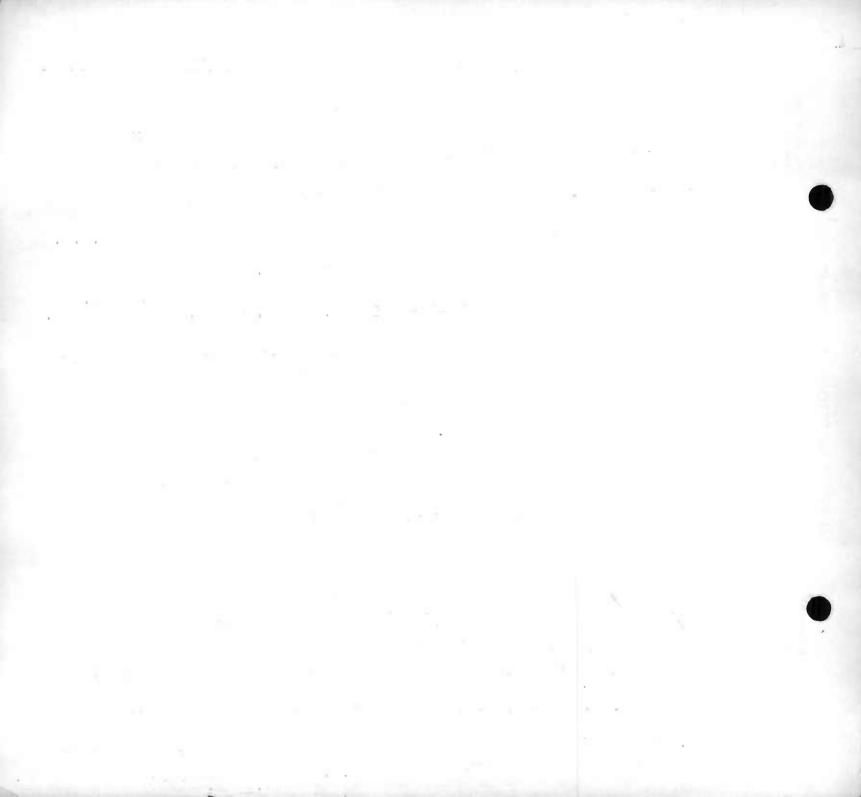
E. STREET AND NUMBER 222 Oakdale Rd. 5. SEX 6. RACE F WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of working life, even if relired) Homemaker—Sec. Police Dept. Harford Co. Maryland USA 14. MOTHER'S MAIDEN NAME Rosalind R. Hall	o Under 24 Hrs.
County Rosaline D. Batt S-29-71 3:0	O I Under 24 Hrs. Min.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Md. C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore E. STREET AND NUMBER 222 Oakdale Rd. 5. SEX 6. RACE F WIDOWED TOA. USUAL OCCUPATION (Give kind of work look, KIND OF BUSINESS OR INDUSTRY) HOMEMAKER—Sec. Police Dept. 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before the country) Md. C. CITY OR TOWN Baltimore YES NO 8. DATE OF BIRTH 9. AGE (In years last birthdoy) 71 Months: Days Hour done during most of working life, even if relired) HOMEMAKER—Sec. Police Dept. Harford Co. Maryland USA 14. MOTHER'S MAIDEN NAME Rosalind R. Hall	O I Under 24 Hrs. Min.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 222 Oakdale Rd. S. SEX 6. RACE F WIDOWED 7. MARRIED NEVER MARRIED No	O I Under 24 Hrs.
HOSPITAL OR ADDRESS OR LOCATION) 222 Oakdale Rd. 5. SEX 6. RACE F WIDOWED DIVORCED DIVORC	l Under 24 Hrs.
222 Oakdale Rd. Baltimore YES No	l Under 24 Hrs.
222 Oakdale Rd. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthdoy) 71 Months: Days Hour of the property of	l Under 24 Hrs.
F W WIDOWED DIVORCED BIRTH 8-13-1900 Solve the state of Business or Industry Solve ar foreign country Solve WHAT Solve Solve are foreign country Solve	ours Min.
F W WIDOWED 3. DIVORCED 8-13-1900 Cost birthdoy) 71 Months: Day's Hour 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY Homemaker-Sec. Police Dept. Harford Co. Maryland USA 13. FATHER'S NAME John H. Duncan MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost for lost of whith doy) 71 Months: Day's Hour Months: Day's	ours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote ar foreign country) Homemaker-Sec. Police Dept. Harford Co. Maryland USA 13. FATHER'S NAME John H. Duncan Rosalind R. Hall	HAT COUNTRY
Homemaker-Sec. Police Dept. Harford Co. Maryland USA 3. FATHER'S NAME John H. Duncan Rosalind R. Hall	HAT COUNTRY
John H. Duncan Rosalind R. Hall	
John H. Duncan Rosalind R. Hall	
John n. Duncan Rosaling N. hall	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	
20	
18 (/ A C C C C C C C C C C C C C C C C C C	MATE INTERVAL
DISEASE OR CONDITION DIRECTLY	NSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE THE TO OP AS A CONSEQUENCE OF	Hear
heart failure, ashenia, etc. It means the disease.	<u> </u>
injury or complication which caused death.) ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
TINDEDITING CONDITION -	
CHEERLING CONDITION (ast, (C))
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	RED
U 21A. ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INVESTMENT OF THE PLACE OF THE	
OR CONTRIBUTING CAUSE OF home, form, factory, sheet, office bldg., INJURY OCCUR?	ilon)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21E. HOW DID INITIAL OCCURRED	
OF INJURY (APPROX.) OF INJURY (APPROX.) OF INJURY OCCUR? While At Work At Work At Work	
22. Leastifu Abra (1) (abba dan 1) 1) Little in the control of	-
that (1) (we) last saw the deceased alive an August 29 19 7/ and that in (my) (ow) apinian death accurred and hour and four the same and f	19_7/
and haur and from the causes stated above. (1) (We) (did) (atd not) view the body after death.	3 an the date
23A. SIGNATURE 23B. DATE, SIGNED	
Attending Med. Stoff Director Phys.	/7/
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS	
Dr. L. Myrton Gaines 7800 York Road	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
Burial 8-31-71 Loudon Park Cem. Baltimore,	Md.
AUG 31 1971 P.S. NAME OF REGISTRAR AUG 31 1971 P.S. NAME OF REGISTRAR H.W. Jenkins Sons Co. 4905 York	S D.
S 150-REV. 1/1/68 Baltimore, Md. 21	Rd.

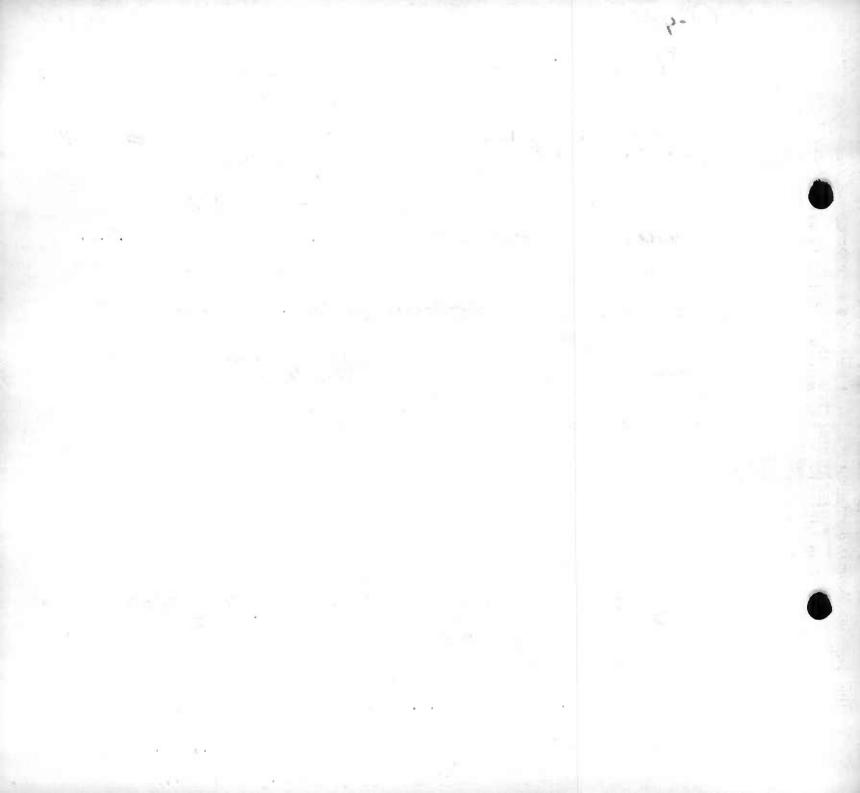


1	10			BALTIMORE CITY	HEALT	H DEPARTMENT	17				
0-1	65 71	8202		CERTIFICA				REG. NO.	71	82	02
BIRTH NO.		020		CERTIFICA	IE	JF DEATI	П				
(Type or Print)		Т.		0.17				HOUR OF DEATH		-	FO 50
3. PLACE IN BA	LTIMORE MARYLAND,	108 T	rene	0'Brien	HA HIS	IAL BESIDENCE	8-	30-71 deceased lived, If in		5:	50 P.
	,	WIILKE I K	31100110	ED DEAD	1100 310	1 E D. C	COUNT	Y	nstitution:	iesidence	before odmission
FULL NAME O	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR IN	OITUTITE	N. GIVE STREET	Md						700
NOTTUTER					II	ORTOWN		D. INS	IDE CITY	LIMITS?	
	Gould Conva					ltimore			YES	x 1	ио 🗌
10	6116 Belair	noac	a		II	EET AND NUMBE					
5. SEX	6. RACE	7				827 E.					
F	7.7			NEVER MARRIED			lo	AGE (In years	Months	er i Yr. Doys	If Under 24 Hr Hours Min.
	CUPATION (Give kind of wor	WIDOV	VED	DIVORCED A	2-1	1-15		56	1,		
nous during most o	r working life, even it refired)	1							12. CI	TIZEN OF	WHAT COUNTS
	aftswom a n	Gler	a L.	Martin	Ba	ltimore	, M	d.	US	SA	
13. FATHER'S NA	ME				14. MC	THER'S MAIDEN	MAM	E	1,		
J	oseph F.	Kohne	en		Ir	ene M.	M	c Combe			
15. Was Decease	d Ever in U. S. Armed Fo	reas?	16.	SOCIAL		DRMANT		COOMBC	-	ADDRES	SS
no	, , , , , , , , , , , , , , , , , , , ,	03 01 30111		2-10-7393	Mna	Trono	0.1	Danian Los	22 07	1.2 707.	1- D.3
18.	2 W I		410	CAUSE OF DEAT		· Trelle	0.	pr. reu 405	23 0.		OPK HO.
DISEA	SE OR CONDITION DI	DECTI Y		CAUCE OF BEAT	•						ONSET AND GEAT
	LEADING TO DEATH				Ca	reinoma	of	uterus a	had	2.7	
(This does	not mean the mode of	dying,	e.g.,	DUE TO, OR AS	CONSE	QUENCE OF:		doct da e	1110	11	yrs.
injury or co	, osthenia, etc. It meons	death.)	ose,	cervix	wit	h genera	ali	zed			
	ANTECEDENT CAUSES	5		metasta	asis						
DISEASES	OR CONDITIONS, II	any, giv	ring	(B) DUE TO, OR AS	A CONS	EQUENCE OF:		****************	••••••		
rise to the	e abave couse IA) G CONDITION lost	staling	the								
ONDERETIN	G CONDITION TOST.			(c)			*******				****
OTHER SIGNI	II FICANT CONDITIONS CO	MTDIRITIA	ıc								
E ITO THE DEA	TH BUT NOT RELATED TO T	HE TERMIN	AL								
19A. DATE O	ONDITION GIVEN IN PART	IDITION EC	OR WHICH	H OPERATION	20 A.	AUTOPSY? (Yos of	r No)	208, IF YES. WERE I	INDING	CONSID	ERED
12/4/7	was PER	FORMED	meta	static rectum		no		208. IF YES, WERE I	USES OF	DEATH?	
U 21A, ACCIDE	NT WAS UNDERLYING		218 PLAC	E OF INJURY (e.g., in	or obou	21 C. WHERE DIE	D	(If in Boltimore	City, gly	re exoct lo	cotion!
DEATH Inosif	medical examiner		nome, for	m, foclory, street, of	ice bldg.	INJURY OCCUR	R?				,
Q 21D. TIME	(Month) (Doy) (Year)	(Hous)	21 E INJU	RY OCCURRED		21F. HOW DID	164 111 0	A OCCIIB			
S (APPROX)			While At			2	11430	ii occori			
			Work	THE THORK							
	that (1) (this hospital				larc	persy on	19	08 to AUE	ust	30,	197⊥
	lost saw the decease							In (my) (our) apir	nion dea	th accuri	red an the dat
and hour an	d fram the causes sto	ted above	(I) (We) (did) (d id not) vi	ew the	bady after deat	th.				
23A. SIGNAT	JBE /	0		1 mp					23 B, DA	TE SIGNED)
1	Lound (\mathcal{C} . $\mathcal{\Delta}$	an	DEGREE Phys.	ding X	Med.] Sh	off ys.	Aug	. 31	, 1971
23C. PHYSICIA	N'S [vge)		1	O CONEL	3D. ADD	RESS		,	1		, -,,-
	Lloyd E. Sa	vlor	0		320	9 Graan	יונחמ	nt Ave.			
24A. BURIAL CRE	MATION, 248, DATE		NAME o	DEGREE OF CRE					V. lown.	or county)	(Stote)
REMOVAL (,, TTIN	. county	
Burial	9-2-71 BY HEALTH DEPT.	2SB NAM		s Presbyt				timore			Md.
AIIC	91 1071 00	38	-		H.	W. Jenki	ns	Sons Co.	490	5 You	rk Rd.
/S 150-REV. 1/1/	OL SIL KAGA	بے جہ ا	(des)				Ra	ltimore.	Má		212
no ve t/ 1/	~~		7		1	4 2 1 3	10.1				



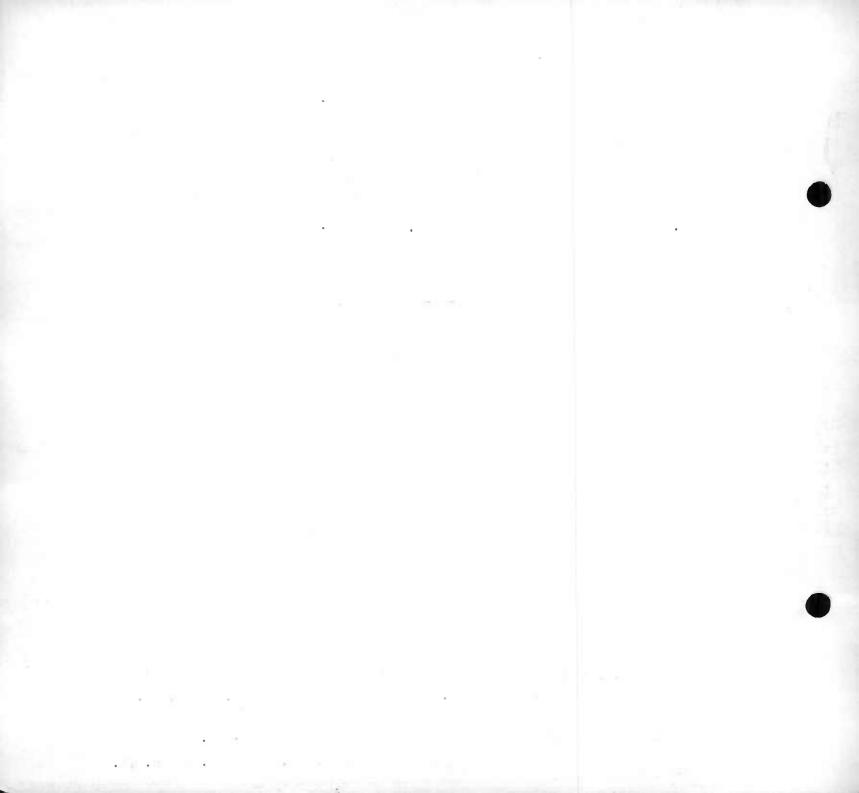
BIRTH NO. 71 8203 CERTIFICA	Y HEALTH DEPARTMENT REG. NO. 71 8203
(Type or Print) GARVIN, Helen	2. DATE AND HOUR OF DEATH 8/30/71 5:37 a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland /202
INSTITUTION	C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
The Johns Hopkins Hospital	E. STREET AND NUMBER
5. SEX 6. RACE 7. MADDIED NEVED MADDIED	3501 St. Paul Street
Female Cau. WIDOWED DIVORCED	10/9/94 lost birthdoy 76 Months Doys Hours Min.
done during most of working life, even it relired) Social Worker Social	Nebraska 11. BIRTHPLACE (Stote or foreign country) Nebraska U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Hamilton Garvin	Hattie J. Hoytt
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Cheshire, Conn.
No 219-30-706	2 Mrs.Lucy G.Burton, 23 Academy Rd.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) (A) IMMEDIATE CA	A CONSEQUENCE OF:
ANTECEDENT CAUSES	D.P.U
DISEASES OR CONDITIONS, if any, giving of the above couse IA) stoling the UNDERLYING CONDITION last.	S A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	nay emboli, Apriot mounts
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20% AUTOPSY? (Yes of No.) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	in or obout 21C. WHERE DID (If In Boltimore City, give exect location) ffice bldg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not White At Work	
22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an S/30/11	8/5 19 11 ta 8 30 19 11 19 11 19 19 19 19 19 19 19 19 19
and haur and from the causes stated above. (1) (414) (did) (414) hot)	
OEGREE Phy	ending Med. Shoff Phys. P 238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
R. D. Kramer, M.D. OEGREE 24A- BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR	The Johns Hopkins Hospital EMATORY 24D. LOCATION (City, town, or county) (Stole)
REMOVAL (Specify)	19
Rem. Burial 9/2/71 Elm Wood 25A. DAUG 31 H971 DEPT B. SEN W. B. REGNADE	Sycamore, Illinois 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd.
VS 150-REV, 1/1/68	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



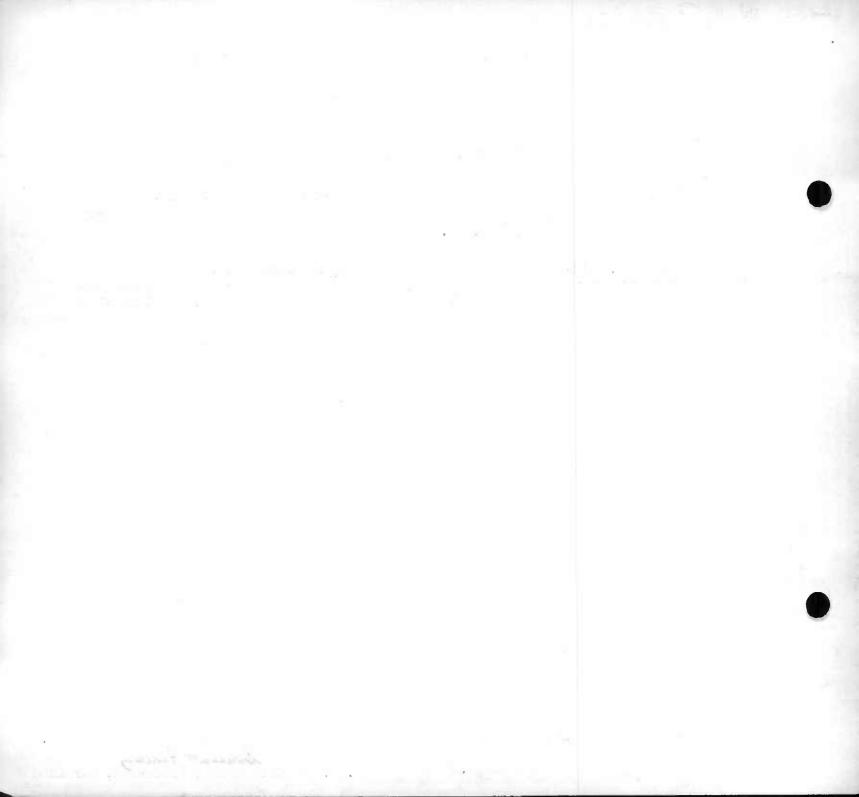


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-400 71 820	CERTIFICA	TE OF DEATH	reg. No. 71	8205
1. NAME OF DECEASED Anthony V.	Scheel	2. DATE AND	HOUR OF DEATH	1913-1
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET TION)	4. USUAL RESIDENCE (Where A. STATE B. COUNTY Md. C. CITY OR TOWN Baltimore	D. INSIDE CIT	2706 Y LIMITS?
5217 Catalpha	Road	E. STREET AND NUMBER 5217 Catalpha I	Road	A NO [
5. SEX M 6. RACE W	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	0/21/1893	Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Ret Sales	Maack Truck Co.	11. BIRTHPLACE (Stole or foreign Md.		SA
Anton Scheel		14. MOTHER'S MAIDEN NAME Julia Die	egelman	
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (If yes, give wor or dates WW 1	of service) 16. SOCIAL SECURITY NO. 216-01-0220	Mrs. Harry Lutz	same	ADDRESS
DISEASE OR CONDITION DIRECTION DIRECTION DIRECTION DIRECTION DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a sise to the above cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	dying, e.g., the disease, deoth.) ny, giving sloling the (A) IMMEDIATE CAU DUE TO, OR AS A (B) DUE TO, OR AS (C)	A CONSEQUENCE OF:	Juhreti relun's	
19A. DATE OF OPERATION 19B. COND WAS PERFO U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, olf	or obout 21 C. WHERE DID	208. IF YES, WERE FINDING N CERTIFYING CAUSES O	F DEATH?
21D-TIME (Mon#i) (Doy) (Yeor) OF INJURY (APPROX.)	(Hous) 216 INJURY OCCURRED While At	21F. HOW DID INJUR	Y OCCUR?	
22. I certify that (1) (this hospital) that (1) (we) last saw the deceased and have and from the tayses state 23A. SIGNATURE	d above. (I) (We) (did) (did nat) vi	ew the bady after death.	23B. D.	path accurred an the date
23C. PHYSICIAN'S NAME (Type) Sebastion	Russo Md.	5017 Harford F		1 1
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 8/28/71	Holy Redeemer	Balto	o. Ma.	
25A. DATE REC'D BY HEALTH DEPT. AUG 31 1971 UGBE. VS 150-REV. 1/1/68	SE NAME OF REGISTRAR	26C FUNERAL DIRECTOR CHURCH	Inc. Balto.	Md. ADDRESS



VS 150-REV. 1/1/68



(7-62=	71	8207		HEALTH DEPARTMENT	1	71 8207	il
	NAME OF DECI						н	7
		CHRISTOF				UST 28, 19		P
3.	PLACE IN BALT	MORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before	odmission)
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT ATION)	UTION, GIVE STREET	MARYLAND c, CITY OR TOWN TA	BALTIMO	ORE COUNTY	300
1	1 10				XBAXXXXXXXXX	WSDOWNE 5. "	YES NO	Ń
Log	ST AG	NES HOSPIT	ΛΙ		E. STREET AND NUMBE	•		
Ľ		112 11031 11	AL,		1268xMAPLE	XAXXEXXXX 221	Second Ave.	21227
		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Ur Months Days Hours	nder 24 Hrs.
	EMALE	WHITE	WIDOWED		08 28 71	ides bininguys	5	40
don	USUAL OCCU	PATION (Give kind of working life, even il relired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT	COUNTRY
	NEW BO	RN		4*	MARYLAND		USA	
13.	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN	NAME		
	ROBERT	CHR! STOPHE	R		ANGELA (B	ROCATO)		
15. (Ye	Was Deceased	Ever in U. S. Armed For (II yes, give war at date	cae?	1 6. SOCIAL			, 221 Second A	~~~
1.0	No	ar year give wer at care	S OF SCIFICES	SECURITY NO.			, 221 Second A ΓΟ MD 21229	ive.
1	18	0.1		CAUSE OF DEAT		LCORDS DAL	APPROXIMATE	INTERVAL
		OR CONDITION DI	RECTLY				BETWEEN ONSE	
	1	EADING TO DEATH		(A)IMMEDIATE CAU	SE Cordo us	peraton A	neer	
	(This does no	I mean the mode of isthenia, etc. It means	dying, e.g.,	DUE TO OR AS	CONSEQUENCE OF:			**********
	injury or camp	lication which caused	death.)					
	A	NTECEDENT CAUSES		(a) Sue	valent.			
	DISEASES OF	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			***********
	UNDERLYING	above cause (A)	stating the	(c) A	Elicka sc			
		11		(C)				
No	OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING					
A	TO THE DEATH DISEASE OR CO	BUT NOT RELATED TO THE	HE TERMINAL	*****************				
CERTIFICATION	19A DATE OF		DITION FOR	WHICH OPERATION	YES		FINDINGS CONSIDERED AUSES OF DEATH?	
CE	21A. ACCIDENT	WAS UNDERLYING	218	PLACE OF INJURY (e.g., In	or about 21 C. WHERE DIE) (If in Rolling	are City, give exact location	1
CAL	OR CONTRIBUT	ING CAUSE OF	hom etc.	ne, farm, factory, street, of	ice bldg., INJURY OCCUR	?	are city, give exoct locollon	,
Dig.		(Manth) (Day) (Year)	(Haur) 21E	INJURY OCCURRED	215 110111 212	Dillion Occion		
MEDI	OF INJURY	iriamii (Doği (Teoli		ile At Not While		INJURY OCCUR?		
	(APPROX.)		Wa	TK AT WORK				
	22. I certify t	hat (1) Lipiz pospital) attended t		GUST' 28	19 /1to_AUG	JUST 28	19_/1
	that (I) (wa) I	ast saw the decease	d alive on	AUGUST 28	19 <u>/</u> land	that In (my) (aux) op	Inion death accurred o	n the date
				(did) (did not) v	ew the body after dea	th.		
	23A. SIGNATUR	E	(.				23B, DATE SIGNED	
	0	Ducalo	oc.	After Phys	ding Med. Director	Staff Phys.	8-25-71	
	23C. PHYSICIAN NAME (Typ	rs pel		2	3D. ADDRESS			
		AGATON ES	CALANT	E, M.D.	ST AGNES I	HOSPITAL		
24A	BURIAL CREM	ATION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 240	LOCATION (C	City, tawn, or county)	(Stote)
	Burial	8-30-19	971 Cr	est Lawn Cemet	ery H	oward County,		
25A		Y HEALTH DERT.	258 NAME	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS	
ii .	AUG 31	1971 14Bel	E. Jack	en Kill (Wilkens Ave.	21229
VS	150-REV. 1/1/68		11			4		

AND THE RESIDENCE OF THE PARTY

IMPORTANT

DIRECTOR:

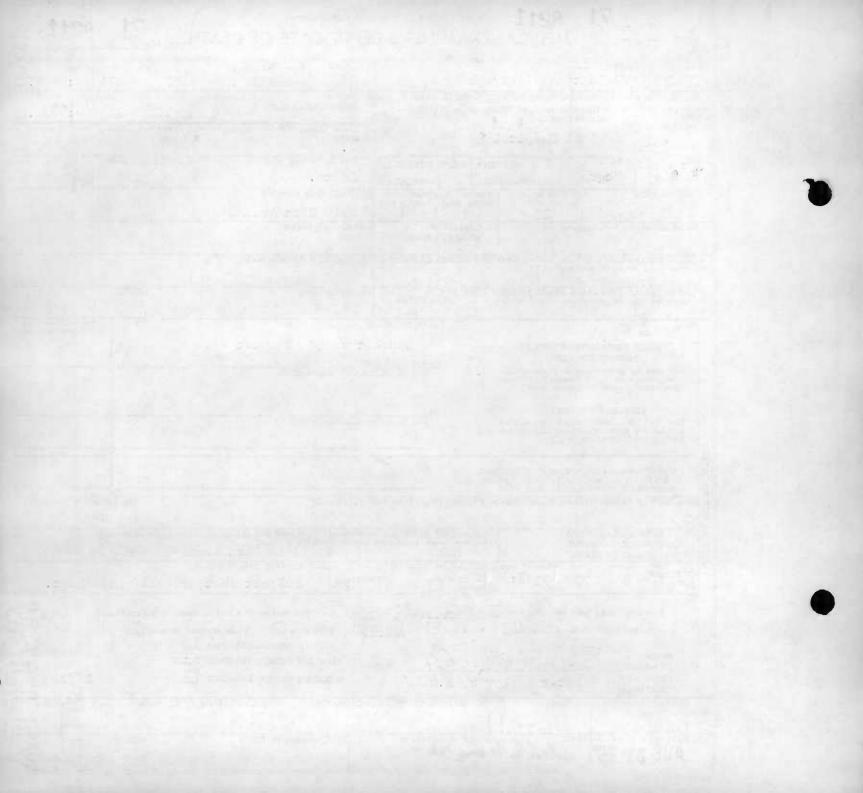
FUNERAL

9/10/71 - Correction form from funeral director.

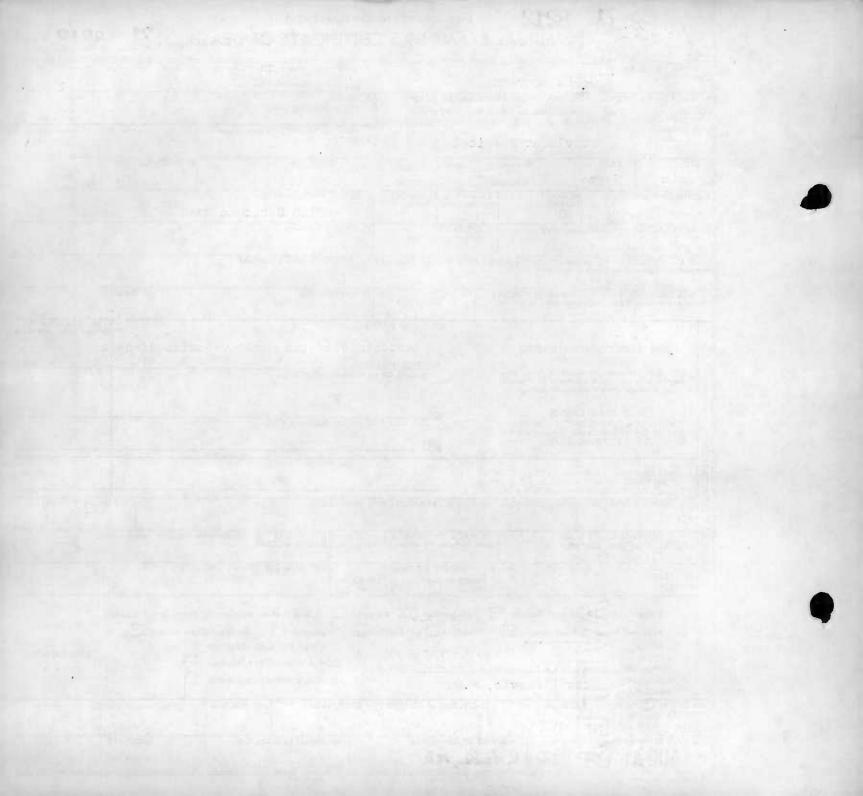
dee.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

C 2/2	BALTIMORE CIT	Y HEALTH DEPARTMENT	7814 0000
5-363 71 8211	CERTIFICA	TE OF DEATH REG. NO	8840
IRTH NO.		2. DATE AND HOUR OF DEATH	82.16
ype or Print)	1.1.		
PLACE IN BALTIMORE MARYLAND, WHERE	iklin Stewart	8-29-71	M.
PLACE IN BALLIMORE MARILAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUNTY	Historial residence belove demission
LL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	610 N. Monroe St.	Balto. Md. 604
OSPITAL OR ADDRESS OR LOCATION)		SIDE CITY LIMITS?
		City	YES NO 🗌
0 610 N. Monroe St.		E. STREET AND NUMBER	
SEX 6. RACE 7. M	ARRIED 7 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.
	OWED DIVORCED	6-7893 TS	Monms Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 108.			12. CITIZEN OF WHAT COUNTRY
ne during most of working life, even if refired)	77		
	Shipyard	Calvert Co. Md.	U.S.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Stewart		Sophie Jannie	
Was Decoased Ever in U. S. Armed Forces? is,no or unknown) (If yes, give war or dates of s	1 6. SOCIAL	17. INFORMANT	ADDRESS
no or unknown litt yes, give war or cases or	SECURITY NO. 215-05-940	Louisa Stewart 610	N Manna Ct
	CAUSE OF DEA		APPROXIMATE INTERVAL
18. 436.91	***************************************	in .	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTI		P. A. O D. 1. 1 4	h 16
(This does not mean the mode of dyla	(A) IMMEDIATE CA	USE LOUNCE LIPOLALA	MALL
heart failure, aethenia, etc. It means the	isease,	A CONSEQUENCE OF:	
Injury or complication which caused deat	The state of the s		
ANTECEDENT CAUSES	an Rul	erio seletisis	a years
DISEASES OR CONDITIONS, If any,	giving DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the above cause (A) stati			
UNDERLYING CONDITION last	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIE 10 THE DEATH BUT NOT RELATED TO THE TEI			
DISEASE OR CONDITION GIVEN IN PART 1	i)a	20A. AUTOPSY? (Yes or Nol.) 208, IP YES, WERI	E EINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION WAS PERFORM	ED WHICH OPERATION	IN CERTIFINO C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TELL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A-DATE OF OPERATION 19B CONDITION WAS PERFORM 21A-ACCIDENT WAS UNDERLYING 1	1019 11 407 07 (111111111111111111111111111111111	to an about 121 C. Wetters 2012	Charles and Landin
OR CONTRIBUTING CAUSE OF		office bidge INJURY OCCUR?	ore City, give exect location)
DEATH (notify medical exemined) 21D-TIME (Month) (Doy) (Year) (Ho OF INJURY	etcJ	/	
21D. TIME (Month) (Doy) (Year) (Ho	UN 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At West	ile 🖂	
	-		9 6
22. I certify that (I) (this hospital) ett	ended the deceased from	1969 to 8-	29 - 19 91
that (I) (we) last sow the deceased all	ve on	19and that in (my) (our) of	plainan death accurred on the dat
and hour and from the causes stated a	bove. (1) (We) (did) (did-not)	view the body after death.	
23A. SIGNATURE			23B, DATE SIGNED
11.0 0 7 6		rending Med. Staff Director Phys.	1 0 31 M
The E. D. Janu	DEM, YII DEGREE Ph		18-3/-1/
23 CAPAYSICIAN'S NAME (Typel	1	23D. ADDRESS	
J.E.T. Camper	DEGRE	639 N. Carev St.	
A. BUBIAL CREMATION 1248 DATE	24C. NAME of CEMETERY of C		City, town, or county) (State)
REMOVAL (Specifyl	Daniel Cl	3 0 3	3.5
Burial 9-27]	Brooks Chape	el Cemetery Calvert Co	Maryland Address
AUG 31 1971 Jags 258.	L. Valber M.D.		
1.00 OT 1911 0000bg	- American Park	Nutter Funeral Home	3035 W. North 7



11-65	5571 82: MEI	BALTIMORE CITY HE	CERTIFICATE OF DEATH REG. N	71 8212
BIRTH NO. 1. NAME OF DEC			2. DATE Known XX Manth Doy	Year Hour
FULL NAME OF HOSPITAL	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD ALOR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD 8 28	71 11:42 pm. Yeor Haur 71 11:42 pm.
OR INSTITUTION		nt Hospital	S. USUAL RESIDENCE (Where deceased lived. If Institute A. STATE B. COUNT Md.	1511
male	Negro	NEVER MARRIED NEVER MARRIED WIDOWED DIVORCED		YES NO
12-24-1	lost birthd		3228 Dorithan Road	
Canon G	dorgia	WHAT COUNTRY? US 1148. KIND OF BUSINESS OR INDUSTR	Albert Norman	
done during most of v	vorking life, even if retired	Construction DEORCES? 117. SOCIAL	Lucy 18. INFORMANT	ADDRESS
(Yes, no or unknawn)	(If yes, give war or dates	SECURITY NO. 215-03-945 CAUSE OF DEA	Mozelle Gladden 3626	
	E OR CONDITION DIR LEADING TO DEATH of mean the mode of d	(A)IMMEDIATE	riosclerotic cardiovascular (CAUSE AS A CONSEQUENCE OF:	disease
DISEASES (RISE TO THI UNDERLYIN	, osthenia, etc. It means the notice that the caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST. NG CONDITION LAST.	Y, GIVING (B) DUE TO, OR TING THE	AS A CONSEQUENCE OF:	
DISEASE OF	AIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN	OTHE TERMINAL PART 1 (A).	ACC ACCOUNTS	Las Auroneum (Veren Ne)
		NOTION FOR WHICH OPERATION W		21. AUTOPSY? (Yes or No)
UNDERLYING	NAL CAUSE WAS CONTRIB- USE OF DEATH. (Month) (Doy) (Ye		In or obaut 22C, WHERE DID (II in Baltimore City, give bidg., etc.) INJURY OCCUR?	exact tocation)
OF INJURY (APPROX.)	(101111) (201) (10	WHILE AT NO	WORK	
I cert	URE Peter Li		de Homicide Undetermined manne CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CRE REMOVAL (Special Burial	MATION, 248. DATE	24C. NAME of CEMETERY 1 Mt. Calvary		lown, or county) (State)
AUG S	BY HEALTH DEPT. 31 1971 Pal	258. NAME OF REGISTRAR E. Jaben, K.D.	25C. FUNERAL DIRECTOR Nutter Funeral Home	ADDRESS
VS 151-REV. 1/1/6	0	APM I DESCRIPTION		



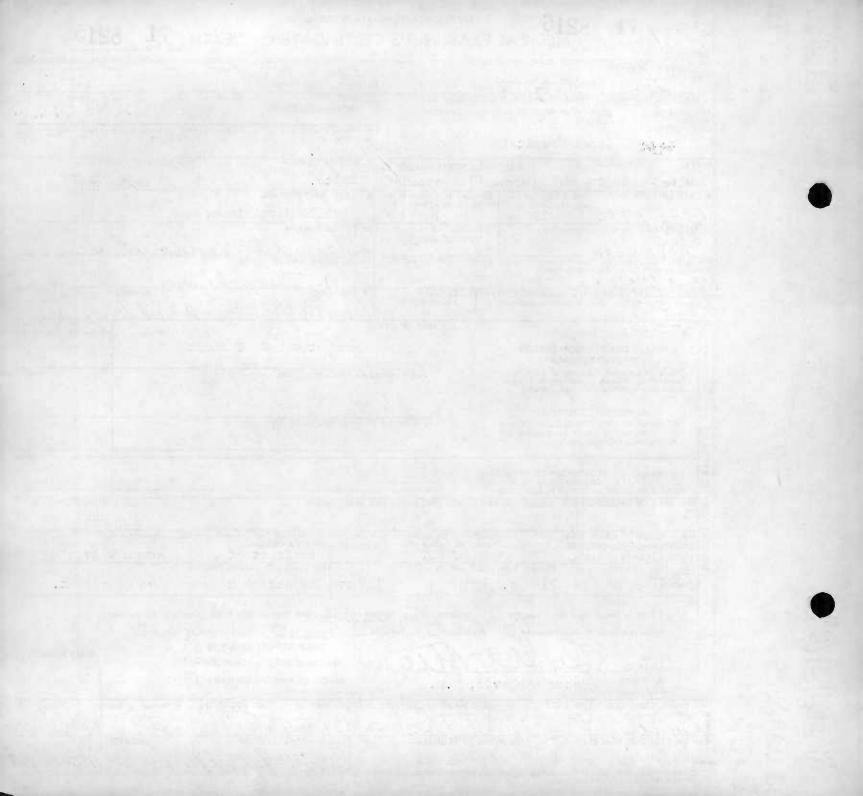
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

G-650 71 821	0	Y HEALTH DEPARTMENT	· · · · · · · · · · · · · · · · · · ·	71 0042
BIRTH NO. 7/-1353/ OC.	CERTIFICA	ATE OF DEATH	AND HOUR OF DEATH	
GRAHAM, Jarr	in Dernard		8/28/71	11,45PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	A. STATE B. CO	Where deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		1513
(. 1 . 1 . 2 n (1 × 1	OSPITAL	CITY		YES NO
UNIVERSITY H	OSPITAL	E. STREET AND NUMBE		HWAY Balto#1
NIGRO WIDE	RRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		MARVLAN	D USA	· USA
JAMES GRAHAM		BETTY		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
18.	SECURITY NO.	JAHES	GRAHAM	SAME
LEADING TO DEATH (This does not meon the mode of dying, heart foilure, ostheria, etc. It means the distingury or complication which caused dooth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, itself to the above cause (A) stating UNDERLYING CONDITION lost.	giving (B) Pol mo	A CONSEQUENCE OF: A CONSEQUENCE OF:	hydrouphal	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBU TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL	[20A-AUTOPSY? (Yes or	Nal con is a	
WAS PERFORMED	phalous	428	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical oxamined)	218 PLACE OF INJURY (e.g., home, form, foctory, street, o	n or about 21 C. WHERE DID	(It in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Yeer) (Hour) (APPROX.)	21& INJURY OCCURRED While At Not While Work At Work		INJURY O CCUR?	
22. I certify that (I) (this hospital) atten			19 to	
that (I) (we) last saw the deceased altre	on	19 and		alon death assumed an Ala Jaco
ond hour and from the causes stated abo	va. (1) (Wa) (did (did)	day the bade for the	interior foot obta	non genit accourse on the date
23A. SIGNATURE	the fit (me) (aid) (aid not) (iew the body offer deaf	n.	23B, DATE SIGNED
& clirt Chang	M D DEGREE Phys	nding Med. Director	Staff Phys.	8/18/7/
23C. PHYSICIAN'S NAME (Type) S. CHITTCHANG	Mo	23D. ADDRESS	1/ 171/ 1/2	20 1/00///
AA. SURIAL CREMATION, 248, DATE 2 REMOVAL (Specify)	4C. NAME OF CEMETERY OF CRE	1.4.4	LOCATION (City	y, town, or county) (Stote)
Burial 8-31-71 SA. DATE REC'D BY HEALTH PEPT 258. NA AUG 31 1971 D. 6.	Arbutus Memori	al Park B.	altimore CO	Maryland
\$ 150-REV. 1/1/68		Nutter Bu	neral Home	3035 W. North A

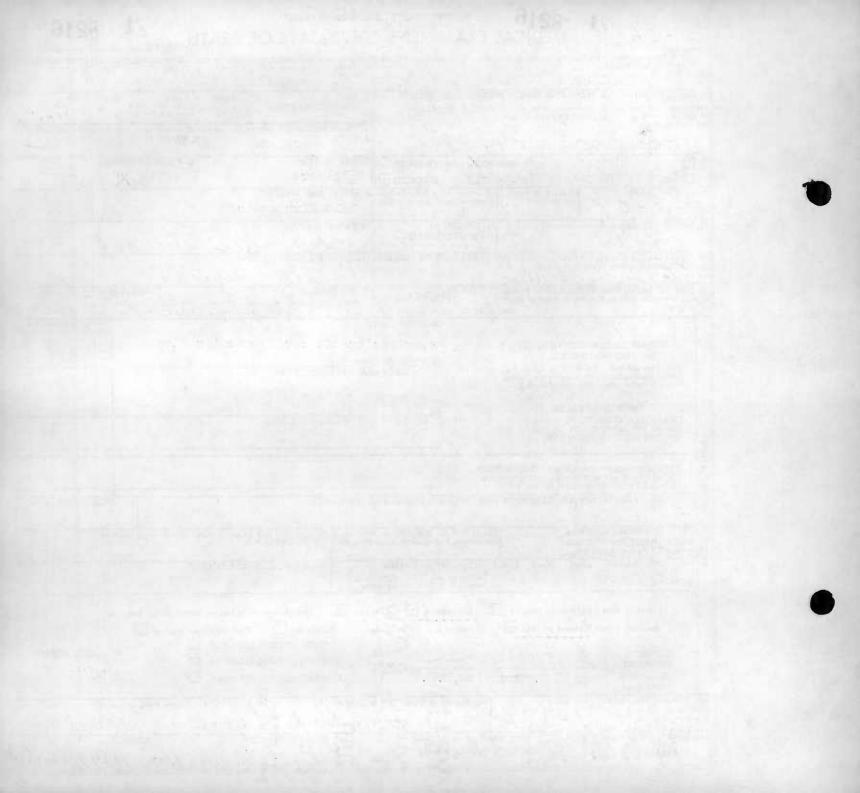


9/1911- Bopt Certificate & Be.

7.0



VS 151-REV. 1/1/68



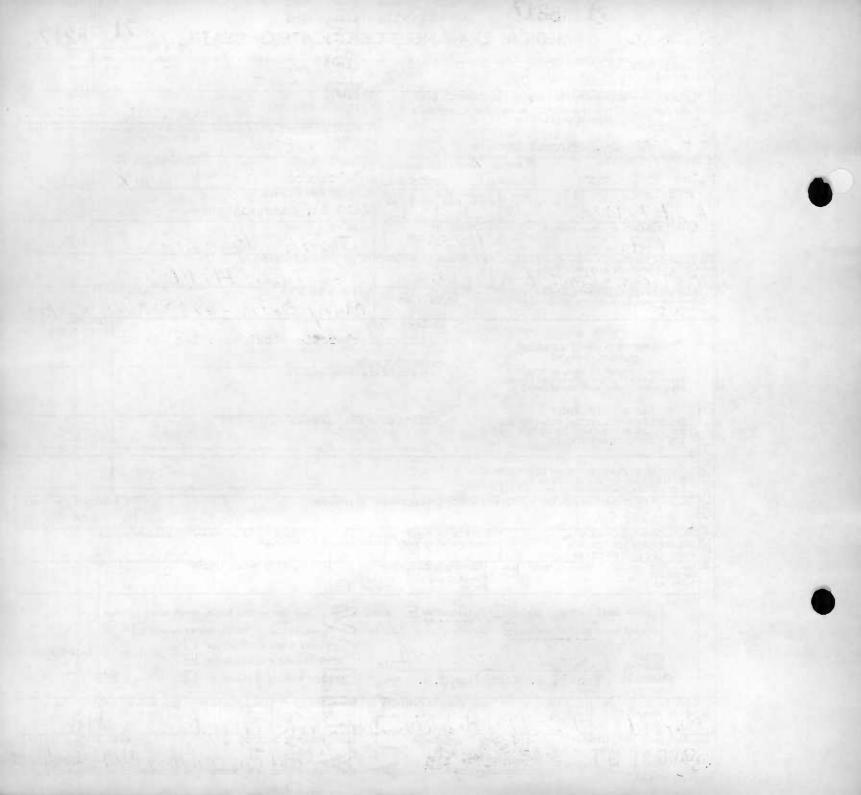
25C. FUNERAL DIRECTOR

ADDRESS

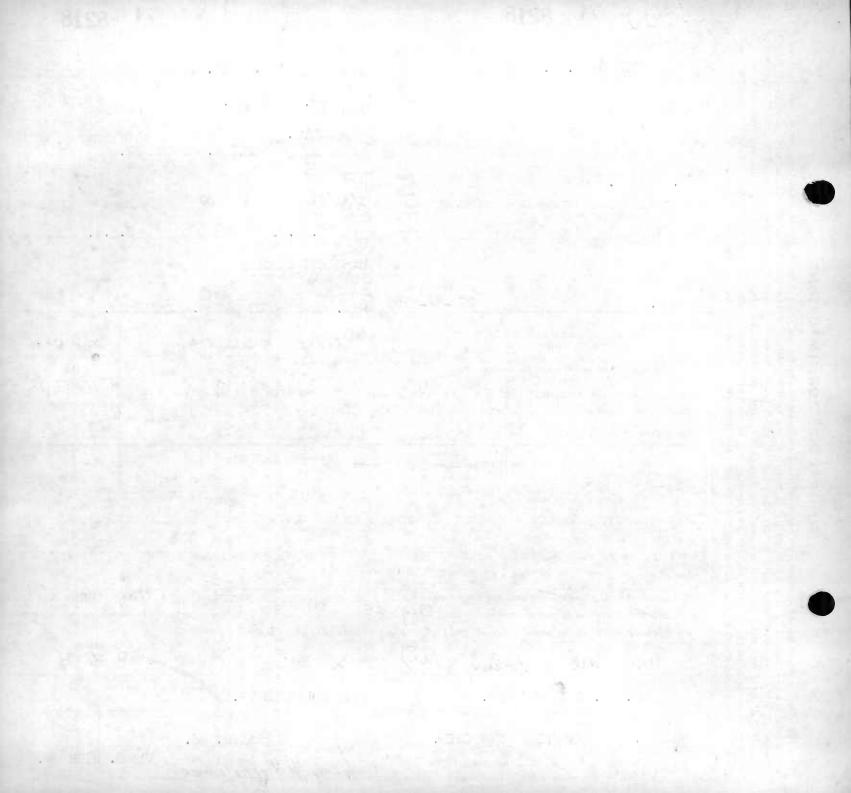
REC'D BY HEALTH DEPT

VS 151-REV, 1/1/68

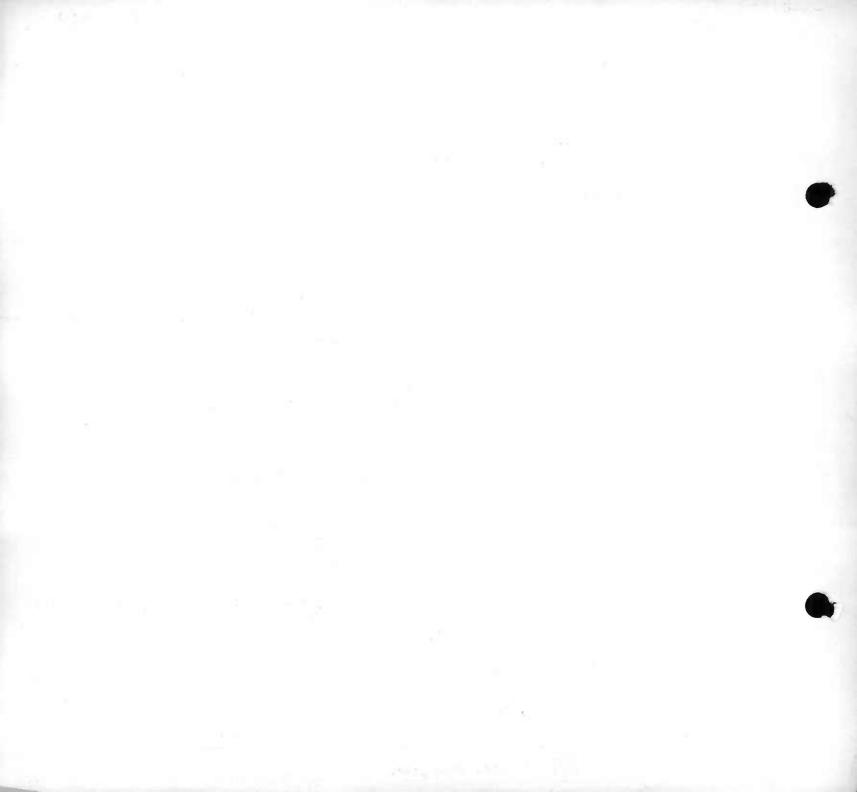
25B. NAME OF REGISTRAR



6	na	x 74	004	Q	BALTIMORE CIT	Y HEALTH DEPA	RTMENT		174	0040
11-	200) ' L	OCT	0	CERTIFICA	ATE OF D	EATH	REG. NO	71	8218
BIRTH	NO. AE OF DEC	FASED						D HOUR OF DEAT	Н	
(Type o	or Print)								1	
3. PLA		IZABETH			NCED DEAD	4. USUAL RESI	DENCE When	26th 1971	institution: re	sidence before odmissi
FULL I	NAME OF TAL OR UTION	(IF NOT IN		R INSTITU	TION, GIVE STREET	A. STATE Md.	B. COUN	TO.	ISIDE CITY LI	30:
0.1	1/1	15 1	4, 1	1		BATT	0		YES	NO 🗌
24	1	(rep	7 -27			E. STREET AND	NUMBER 2	4I S. EXET	ER ST.	
5. SEX	7.	6. RACE		ARRIED DOWED		B. DATE OF BIR		9. AGE (In years lost birthdoy)	If Under Months	1 Yr. II Under 24 H Doys Hours Min.
				KIND OF	BUSINESS OR INDUSTR	3/28/OT	(State or forei	gn country)	12. CITIZ	EN OF WHAT COUN
	JSEWIFE	vorking life, even 3	if retired)			BALTO.	M.d.		U.S	S.A.
13. FAT	THER'S NA	ME				14. MOTHER'S		ME		
PET	TER GAL	LLI				MARGARET	ORSOLI	NE		
		Ever in U. S. A			1 6. SOCIAL	17. INFORMANT				ADDRESS
(105,110		m yes, give w	or or doles of		SECURITY NO. 217-34-2760					
18.	NO.	4			CAUSE OF DEA		Y_POGGI	241 S. EX	ETER ST	APPROXIMATE INTERVA
	DISEAS	E OR CONDI		LY		Cr.V.	h.	· de	В	ETWEEN ONSET AND DE
		LEADING TO			(A) IMMEDIATE CA		2, 1	Cm > ran		one cary
		ot mean the osthenio, etc.			DUE TO, OR A	S A CONSEQUENCE	E OF:			
	DISEASES OR CONDITIONS, if any, giving DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DISEASE							15 + um		
	-	ANTECEDENT	CAUSES		(B) Hypur	usive "14	ruch	Carcier	unc	1 - 9-2
		R CONDITIO			DUE TO, OR A	S A CONSEQUEN	CE OF:	Dur	181	
		abave cau		ing Ihe	(c)					
0.		11	1031		(C)					
¥ 10	THE DEAT	II ICANT CONDITI H BUT NOT RELA ONDITION GIVE	ATED TO THE TE	RMINAL	,					
		OPERATION		N FOR W	HICH OPERATION	20 A. AUTOP	SY? (Yes or No	IN CERTIFYING	E FINDINGS	CONSIDERED DEATH?
OR	CONTRIBL	NT WAS UNDE	OF	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	, in or obout 21 C. W office bldg., INJUR	HERE DID Y OCCUR?	(tl in Boltin	nore City, give	e exoct locotion)
<u>a</u> 211	D. TIME	(Month) (Doy) (Yeor) (H	our) 21 E.	INJURY OCCURRED	21 F. H	OM DID INJ	URY OCCUR?		
Z OF	PPROX.)			Whill	le At D Not Wi					
22			1			* 🖵		.55	Ana	76 .21
		last saw the			e deceased from	15 1971		at in (my) (our) o	pinion deat	h accurred on the a
an	d hour one	from the cau	ses stoted o	bove. (I)	(We) (atd) (did not)	view the body				
	A. SIGNATU		- /		. 0				23B, DAT	E SIGNED
	W.	ne Carl	2 76	clus	R OFGREE PH		Ned.	Staff Phys.	8	-31-71
230	NAME (T	ype)	ARL EBEI	ING.	1	740I OSL	ER DRIV	Ε.		
24A. B	URIAL CRE	MATION, 24B.	DATE	24C. NA	ME of CEMETERY OF C		24D. L	OCATION	(City, town, o	r county) (State
	EMOVAL (00/27	AT THE P	CAMIT		70.	T. TO . 34.3		
	BURIAL.	BY HEALTH D	SU/ / 1	NAME	CATH.	250. FLINED	AL DIRECTOR	LTO. Md.		ADDRESS
	AUG 3	1 1971	3 2,482	Ja. Si	F REGISTRAR	Lemas	11.000	la stoce	322 S	. HIGH ST.
VS 150	-REV. 1/1/	5 B		7 1		1/2/7		7		



BIR	1620 TH NO.	1 8219			HEALTH DEPARTMENT	12-0-0-0	71	8219	
1. N	AME OF DECEA	BROOKS, GEO	PGF		2, DATE	E AND HOUR OF DEAT		0.0	
3.	PLACE IN BALTI	MORE MARYLAND, W		CED DEAD	4. USUAL RESIDENCE	August 26,	institutions re	9:0	
FU HC IN:	LL NAME OF SPITAL OR STITUTION	MF NOT IN HOSPITA ADDRESS OR LOCA Baltimore (4940 Easter Baltimore,	al or institution to the control of	N, GIVE STREET	Maryland C.CITY OR TOWN Baltimore E. STREET AND NUMBE	D. II	NSIDE CITY LI YES X 21217	130	3
5. \$	Male 6	Negro	7. MARRIED I	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under Months	Doys Hours	er 24 Hrs. Min.
don	USUAL OCCUP during most of wo LABO FATHER'S NAME	rking life, even if retired) RER			11/14/14 11. BIRTHPLACE (Stote or 14. MOTHER'S MAIDEN			JSA	COUNTRY
15.	Was Deceased E	ver in U. S. Armed Forc I yes, give war or dotes	977 es? [16.	SOCIAL	17. INFORMANT		7	ADDRESS	
(163	, no or unknown) (t	r yes, give war or doles	of service!	SECURITY NO.	BCH Records -	- 4940 Easter Baltimore.			
	DISEASE LI (This does not heart failure, as injury or comple	OR CONDITION DIR EADING TO DEATH mean the mode of sithenia, etc. II means icolion which caused ITECEDENT CAUSES	dying, e.g., the disease, death.)	(B) Chro	ise A CONSEQUENCE OF:	opathy	2	APPROXIMATE I	
CATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CON	CONDITIONS, if a above cause (A) CONDITION last. II ANT CONDITIONS CONBUT NOT RELATED TO THE ADDITION GIVEN IN PART	Staling the	PULMUI	A CONSEQUENCE OF: VARY EMB			1969	
RTIF	21	PERATION 198. CONE WAS PERFO	DRMED	CH OPERATION 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES CE OF INJURY (e.g., in or obout 21C, WHERE DID orm, foctory, street, office bldg., INJURY OCCUR?					
_	OR CONTRIBUTED DEATH (notify m	WAS UNDERLYING DISCOURSE OF	home, to	orm, foctory, street, of	fice bldg., INJURY OCCUR	is in bound	ore City, give	exoct locotion;	
ō	21 D. TIME (/ OF INJURY (APPROX.)	Month) (Day) (Year)	(Hour) 21E INJ While A Work	URY OCCURRED Not While At Work		INJURY OCCUR?	· · · · · · · · · · · · · · · · · · ·		
	that (1) 🚳 la	ot (1) (this hospital) est saw the deceosed	olive on	8/2		19 7to I that in (my) (our) o			7L the date
	23A. SIGNATURE	obert	Run	DEGREE Atte		Staff Phys.	23B, DATE	SIGNED 26	1
	NAME (Type	Robert Rux:		PEGREE	4940 Eastern			e, Md 21	
	BURIA!	L 9/1/7:	L MT	O Juny O	metry A	County	City, town, or	162	(Stote)
		CF 1 1971	UABORE OF R	Jaban KA	Adolphus	Malstead .	1206 W	Norht	Ave



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BY HEALTH DEPT.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

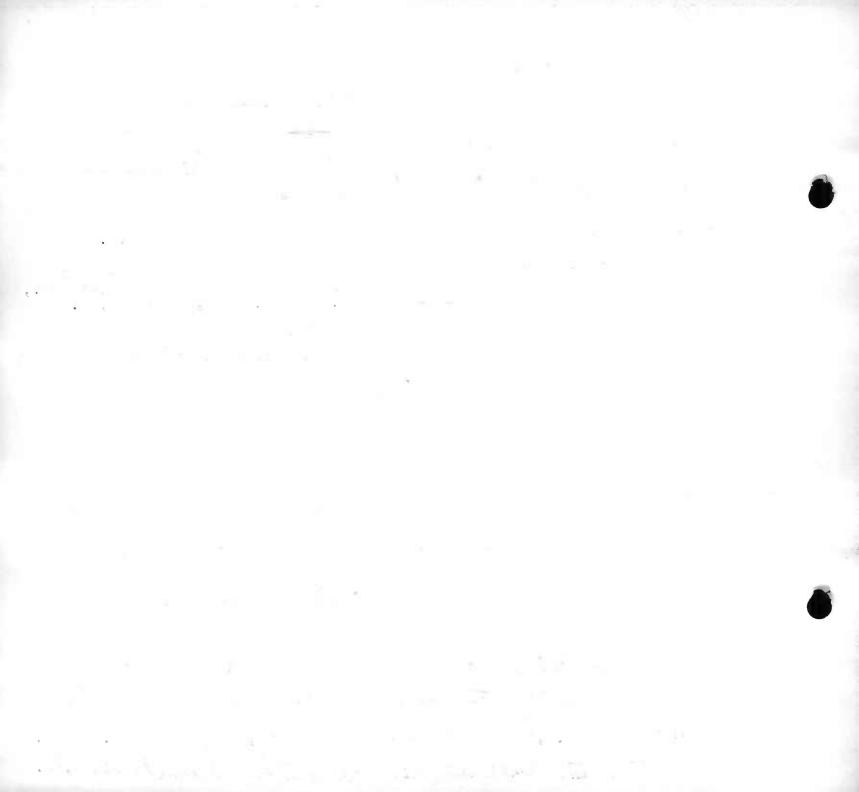
25A, DATE REC'D

VS 150-REV. 1/1/68

Such

	1 1 - 10 /	TE OF DEATH REG. NO. 71 8220						
	T. NAME OF DECEASED PIETRO P. BORGA	2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before odmission)						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. 3 College						
1	MARYLAND GENERAL HOSPITAL	E. STREET AND NUMBER D. INSIDE CITY LIMITS? YES NO						
	5. SEX 6. RACE 7. SEA POUTO DEL SANCO	108 Phillips tre						
	MIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (in yeers lost birthdoy) 10/19/08 10st birthdoy) 11 Under 1 Yr. 11 Under 24 Hrs. Months; Doys Hours Min.						
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?						
1	Auto mechanic	Italy U.S.						
		14. MOTHER'S MAIDEN NAME						
	Pietro Borga 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Cecilia Martha last name unknown						
	(Yes, no or unknown) III yes, give wer or doles of services SECURITY NO.	Mrs. Elsie B. Borga, Cambridge, Md.						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TS DIFFUSE, UCERCATIVE BETWEEN ONSET AND DEATH						
	(This does not mean the made of dying, e.g., heart latiture, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:						
I	ANTECEDENT CAUSES	enie (Protadla Madreita) land Ma VI.						
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C).							
	, II							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	2004001-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY (A. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, affi	or obout 21 C. WHERE DID (II In Boltimore City, give exact location)						
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX.) Work At Work							
	22. I certify that (1) (this haspital) attended the deceased fram	8/26 19 2/ 10 8/29 19 2						
	that (I) (we) last saw the deceased alive an	and that in(my) (aur) apinian death accurred an the date						
	and have and from the causes stated above. (i) (We) (did) (did nat) vid	ew the bady after death.						
	Attended for a Physical Physic	ding Med. Shoff 23B, DATE SIGNED Shoff Sh						
		BD. ADDRESS						

6 cura 24D. LOCATION (City, town, or county) (Stole) Md. ark, Cambridge 25B. NAME OF REGISTRAR Robert E. Jaber M. B bridge, Md.



assistant

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH od in a hospital and ling cause of death a cause; (5) Deceased attendance on the BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ANKECSON 6 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD USUAL RES A. STATE B. COUNTY contributing cause MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T BALTIMORE E. STREET AND NUMBER prior 2837 W. COLD SPRING LANE (4) Undetermined disposition is made. regular 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. 6. RACE MARRIED NEVER MARRIED deceased ALE WHITE WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if settred? 2 GROCER LATVIA MOS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ? BESSIE JACOB ISRAEL TANKELSON death HO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of service) 17. INFORMANT 6 SOCIAL final SECURITY NO. attendance NO MRS. FANNIE TANKELSON, 2837 W. COLD SPRING LANE any CAUSE OF DEATH 18. 4 pronounced OF DISEASE OR CONDITION DIRECTLY MIDEARDIAL INFARCTION. embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: regular FAILURE ANTECEDENT CAUSES are DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the CARIDIOG. SHOCK physician UNDERLYING CONDITION lost the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body 19A DATE OF OPERATION 194 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSYZ (Yes of No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, office bidg, INJURY OCCURY etc.) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where bef to the hospital MEDICAL DEATH (notify medical examined obtained 21D. TIME OF INJURY (Month) (Day) (Year) (Haud 21 E INJURY OCCURRED 215. HOW DID INJURY OCCUR? 9 Not While (except While At IAPPROXJ At Work pup 22. I certify that (I) (this hospital) attended the deceased from and that In(my) (our) epinion deeth occurred on the dete that (I) (we) lest saw the deceased alive en, (eath) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the bedy after death. must accident 23B. DATE SIGNED 23A. SIGNATURE 0 Attending 2 approval 0 23D. ADDRESS 23C. PHTSICIAN'S NAME (Type) prior to HUSPITAL GROCMAN DENNIS 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERT OF CREMATORY 24D. LOCATION (City, town, or county) eceased o REMOVAL (Specify) BALTIMORE. 8-29-71 WORKMEN CIRCLE MARYLAND BURIAL 258 NAME OF REGISTRAR SD 25A. DATE REC'D ST HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

NO

12 CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(Stote)

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Hours Min.

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C 432		~0	BALTIMORE CITY	HEALTH DEPARTMENT	P-	71 8222
RTH NO.	71 82	22	CERTIFICA	TE OF DEATH	REG. NO.	11 OKKE
NAME OF DECEASED				2. DATE AN	ND HOUR OF DEATH	
661		LDST		8/2	7/7/	1 2100 P
PLACE IN BALTIMORE	MARYLAND, W	HERE PRONO	UN CED DEAD	A. STATE B. COUN	re deceased lived. Il in	stitution: residence before admission)
ULL NAME OF (IF OSPITAL OR AD	NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	MD		1301
ISTITUTION	DRESS OR LOCA	TION)		C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
SINAI HOSPIT	PAT			BALTIMORE	=	YES NO
SINAI HUSPII	AL			E. STREET AND NUMBER	har A	0 4 2/2/7
SEX _ 6. RACE		7		2601 Mad		e # 2/2/7
FEMALE	XXX	7- MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 8/4/08	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ne during most of working life	(Give kind of work)	10 R KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
EMPLOYEE		SOCIA	L SECURITY	BALTIMORE, MA	USA	
FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
MEYER GOLD	STONE			DORA LAZARUS		
Was Deceased Ever in I s, no or unknown) (If yes,	J. S. Armed Ferc	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	Sive wor or coles	or selates	215-09-6952	MICC CLADVC COL	DCTONE 260	1 MADISON AVE., APT.
18. 26 7 4	1		CAUSE OF DEATH		DSTONE, 200	
DISEASE OR C	ONDITION DIRE	CTLY	4 4 . 4			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADIN	G TO DEATH		ANTIMEDIATE CAU	SE RESPIRATON.	M MARAL	vcis 2
(This does not mean heart failure, asthenia,	efc. means	he disease		CONSEQUENCE OF:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	- Andrew San
injury or complication	which caused a	death.)				
	ENT CAUSES		B. PNE	YMONIA		
DISEASES OR CON	DITIONS, if a	ny, giving	SUE TO, OR AS	A CONSEQUENCE OF:	*****************	*******************************
UNDERLYING COND	TION last.	signify the	1 (g) LE	UKETTIA		
	11					
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	TRELATED TO THE	TERMINAL	k	*****	******************************	***************************************
194 DATE OF OPERATION	WAS PERFO	ITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.	20B, IF YES, WERE FI	INDINGS CONSIDERED
21 A. ACCIDENT WAS I	INDERLYING T	21 B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(il In Boltimore	City, give exact location)
DEATH (notify medical	xomined	elcJ	a round locioly, succession	co blogs, liksoki occoki		
21D. TIME (Month) OF (NJURY	(Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCURT	
(APPROX.)		Whil	e At Not While			
22. I certify that (1) (this hospital)			1968 1	0 . (6	9/27
that (1) (we) last saw			8/27	(7)		19
			(Wax LATE) (ALL TO ALL	ew the body after death.	t in (my) (out) opin	lan death occurred an the date
23A. SIGNATURE	11		the Maio (ala liai) Vi	ew the body after death.		23B, DATE SIGNED
Allo Jast	17/ 06	200	Atten		hoff TS	8/27/7/
23C. PHYSICIAN'S NAME (Type)	The party of	F-[7]	DEGREE Phys.	Director L F	hys. 101	0/4/11
	ter G	KO32	CION	1819 Rams	Who Rid	ac lane # 101
BURIAL CREMATION,	24B. DATE	24C.NA	ME OF CEMETERY OF CREA	MATORY 24D, LO	CATION (City	town, or countyl (State)
BURIAL	8-29-71			ISRAEL SECTION		
SEP 1	H DEPT. 2	B NAME OF		25C. FUNERAL DIRECTOR		ADDRESS
150-REV. 1/1/68	W11 1		AMERICAN D	COL PEATINGOIN d	DK09.,0010	REISTERSTOWN ROAD

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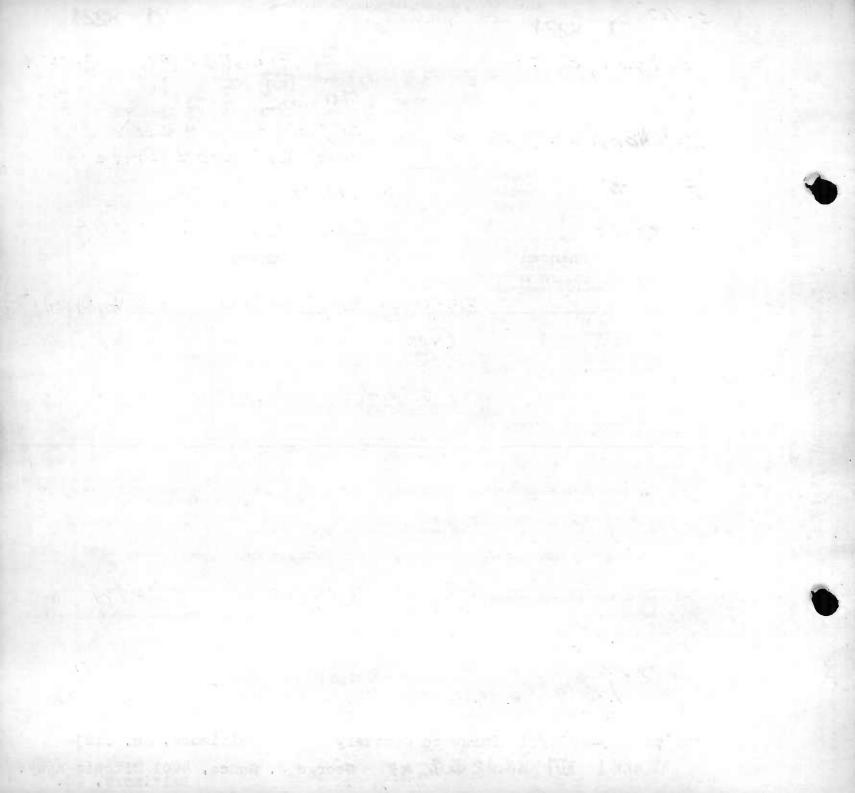
5-26	10			BALTIMORE CITY	HEALTH DEPARTMEN		174	0002	
BIRTH NO	/ 8	822	3	CERTIFICA	TE OF DEATH	REG. N	0. / 1.	OZZO	
	OF DECEASED /	0.4.	>	- (- 0	2. DAT	AND HOUR OF	EATH	- 25	6
•	UK. L	ee	00	cher		5/28/	11	1 3 /	F. A
3. PLACE	IN BALTIMORE M	ARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased live OUNTY	d. If institutions	residence before o	dmission
FULL NA		T IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MADVI AND			1	20
HOSPITAL	ON ADDR	ESS OR LOCA	(IION)		C. CITY OR TOWN		. INSIDE CITY		
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0			770		The second secon	EN MILE LA	NE APA	RTMENT 2B	
5. SEX	6. RACE		7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		or 1 Yr. Il Unde	or 24 Hrs.
MALE	WHIT	ΓE	WIDOWED	DIVORCED [67	1		
	L OCCUPATION (G		10E KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12, CI	TIZEN OF WHAT	COUNTRY
_	ENTIST		ום	ENTAL	RALTIMO	RE MARYLA	ND I	JSA	
	R'S NAME		1	24110	14 MOTHER'S MAIDEN			7071	
Ι.Δ	ZER BUCHEI	2			ESTHER	?			
	eceased Ever in U. inknown)[If yes, giv		cos?	16 SOCIAL	17. INFORMANT	•		ADDRESS	
(143) no or c	inknown/ ur yes, go	And of page	a or services	SECURITY NO.	IMA PLANEWA	E DUCKIED	7/07 OF1	EN MILE I	
18. /	110.9	1		213-38-6151 CAUSE OF DEAT	MRS FLORENCE	E BUCHER	3023 SEI	APPROXIMATE I	NTERVAL
7	DISEASE OR COL	NDITION DI	RECTLY		/ /	0	1-	BETWEEN ONSET	
	LEADING	TO DEATH		(A)IMMEDIATE CA	USE Androg.	evic She	rell	20 m	wo 9
	does not mean t			DUE TO, OR AS	A CONSEQUENCE OF:		************		
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	ANTECEDE	NT CAUSES		mo stav	Te Myour	mdial E	MARCHO.	1 3 dry	15
DISEA	SES OR COND	ITIONS, If	any, giving	DUE TO, OR A	A CONSEQUENCE OF:	N	****************	1	
	to the above ERLYING CONDIT		stating the	(c)	12300.			9~	
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OTHER	SIGNIFICANTON	II IDMONS COI	NTRIBUTING					1	
E TO TH	E DEATH BUT NOT	RELATED TO TI	HE TERMINAL					-	
은 19A.D	ATE OF OPERATIO	N 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYIN	WERE PINDING	S CONSIDERED	
19A.D									
OR CO	CCIDENT WAS UP ONTRIBUTING C. I (notify medical ex	AUSE OF	211 hor elc	LPLACE OF INJURY (e.g., ne, farm, factory, street, o)	in or about 21 C. WHERE Diffice bidg.	ID (I) in 8	Boltimore City, (give exoct location)	
Q 210. T		(Doy) (Year)	(Houd 216	INJURY OCCURRED	21 F. HOW DID	INJURY OCCURT			
E OF IN			WI	ille At At Work	te 🗆				
22 1		hte heested		he deceased from	8/15	19 7/ to	8	128 19	7/
				ne deceased to	8 10 7/	d that In (my) (au	al antatan da		
	th (we) last saw		/	101		•	r) apinion as	orn accurred an	The dat
	//	causes stat	ed abave.	th (Me) (qiq net)	view the bady after de	oth.	1000 6	- Course	/
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/_	My		10/1	DEGREE Ph		Phys. D	0	/ 0/	//
23C. P	HYSICIAN'S IAME (Type)	/			23D. ADDRESS	11		/	
			VL	DEGREE	Suna	Hoep			
24A. BURI	AL CREMATION, OVAL ISpecify)	24B, DATE	24C. N	AME of CEMETERY of CI	EMATORY 24	D. LOCATION	(City, town	, or county)	(State)
					. 6/0				
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23A. DAI	RIAL E REC'D BY HEALT	8-29-71 H DEPT.	SH.	AREI TELLOH (ONG.	WINDSOR MI	LL RD. B	ALTO MD.	
25A. DAI	SEP 1		25B, NAME	OF REGISTRAR E. Jaben M.D.	1				I ROA
	SEP 1	8-29-71 H DEPT. 1971	25B NAME	E. Jaben, R.D.	1	WINDSOR MI CTOR N & BROS.,			RO/

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DATE MOTSHETSTED DEG. SOTT BY THE TIES . A SALE STORM FORD

IMPORTANT

FUNERAL DIRECTOR:



# BALTIMORE CITY HE	104	4 0005						
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	T 8552						
I. NAME OF DECEASED (Type or Print) HERMAN M. GRAY	2. DATE Known Month Doy	Year Hour						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 29,197	14(*						
1708 W. Prestbury Street	A. STATE Maryland B. COUNTY	residence before admission						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Male Negro WIDOWED DIVORCED	II	S NO D						
9. DATE OF BIRTH 9/29/3/ 10. AGE (In years lost birthday) 39 If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.	1708 W. Prestbury Street							
11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?	m. Uton & Jonas	7.						
T4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working file, even if retired)	Bertha Bostrak	8						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 2/4-26-636	18. INFORMANT AD	DRESS .7						
19. CAUSE OF DEA	TH YOUR NOTES	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY Intrace	rebral Hemorrhage	BETWEEN ONSET AND DEATH						
LEADING TO DEATH (ANIMMEDIATE O	CAUSE							
	AS A CONSEQUENCE OF:							
	rtensive cardiovascular disease	e						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:							
UNDERLYING CONDITION LAST.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.								
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	WAS PERFORMED 21. AUTOPSY? (Yes or							
		yes						
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, farm, foctory, street, office UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exact bidg., etc.)	t location)						
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY OF INJUR	WHILE TO SEE THE PROPERTY OF T							
23.	VORK []							
resulted from: Notural causes X Accident Suicio	de Homicide Undetermined manner							
resulted from: Notural eduses & Accident Suici	CHIEF MEDICAL EXAMINER	,						
SIGNATURE AND MICHAEL M.E.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED						
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	8/30/71						
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 2/2 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (State)						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS						
SEP 1 1971 Robert E. Jaben M.	& J.L. Run 2222 W	nout we						
VS 151-REV. 1/1/68		1						

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VS 150-REV. 1/1/68

-	1-520			BALTIMORE CITY	HEALTH DEPARTMEN	IT	1-14	0000		
	RTH NO.	'71	8226	CERTIFICA	TE OF DEAT	H REG. NO	71	8226		
1.1	NAME OF DECE	ASED	0.0.0			E AND HOUR OF DE	ATU			
(T)	rpe or Print)	RIOR	D JA	200	7 7 7	UG 30 -	71	10:35 PM		
3.	PLACE IN BALTI	MORE MA	RYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE		l. II institution:	residence before admission)		
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT ADDRES	IN HOSPITAL O	R INSTITUTION, GIVE STREET	C. CITY OR TOWN	/ D.	IR C/E. INSIDE CITY	Hosp 2008		
	Bon	Se	eous	Hoop.	E. STREET AND NUMB	e Plau	YES] NO []		
1	MA/e	whit	te WII	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 4//3/7/	9. AGE (In years last birthday)	If Und Months	er 1 Yr. If Under 24 Hrs. Days Hours Min.		
dor	. USUAL OCCUP no during most of wo	ATION (Give	kind of work 10B,	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign countryl	12. CI1	TIZEN OF WHAT COUNTRY?		
	FATHER'S NAM	isab,	ility			arolina		United States		
100	1/	E	1		14. MOTHER'S MAIDEN	NAME				
15	Was Deceased E	gl	Jones		Mary F	deoch				
(Ye	s, no or unknown)	If yes, give	wor or doles of a		17. INFORMANT			ADDRESS		
	130			239-28-554	Rosie F Jon	43				
		OR COND	OTTION DIRECTL					BETWEEN ONSET AND DEATH		
	(This does not	mean the	made of dying	Q. C.Q. DUETO ON AC	ISE LIVER IS	UFICIENCY	/	***************************************		
	injury or compl	icolian whi	ch caused deat	1.)						
		ITECEDENT		(B)		THE L	VER.			
	rise to the	ASES OR CONDITIONS, il any, giving la lhe abave cause (A) slaling lhe ERLYING CONDITION last. (C)								
	UNDERLYING	CONDITIO	N last.	(c)						
CATION	TO THE DEATH	BUT NOTRE	TIONS CONTRIB LATED TO THE TER ZEN IN PART 1 (A	MINAL PULKIONA	RY EMPHYSE	MA- ASC	VD.			
RTIFI	19A-DATE OF O	PERATION	19B. CONDITION	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING	ERE FINDINGS CAUSES OF	CONSIDERED DEATH?		
CAL CI	21A. A CCIDENT OR CONTRIBUTI DEATH (notify m	WAS UND NG CAU edicol exem	ERLYING D SE OF Inod	21E. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	or obout 21 C. WHERE DI	D (If In Bol	itimore City, giv	re exoct location)		
MEDI	21 D. TIME (I OF INJURY (APPROX.)	Manth) (Da	ly) (Year) (Hai	While At Not While		INJURY OCCUR?				
	22. I certify th	ot (I) (this	haspital) atta		204. 30	10 7/	A110-31	0 10 3/		
				ve on Aug. 30	-/	19 <u></u>		th occurred on the date		
	and hour and f	ram the ca	uses stated at	Toye. (1) (We) (did) (did not) v						
	23A. SIGNATURE	1	11				23 B, DA	TE SIGNED		
	cua	/	In 1	DEGREE Phys		Staff Phys.				
	23C. PHYSICIAN' NAME (Type			4.0	3D. ADDRESS					
24A	BURIAL CREMA	ARCO ATION, 124B	FLOR	DEGREE		YETTE, ST				
Z	REMOVAL (Spe	cify)	2-7-71	LAUDA F	200	LOCATION TO	M D	or county! (Stote)		
25A	DATE REC'D A	P 1	100 A	NAME OF REGISTRAR	25C. FUNERAL DIRECT	TOR	2101	FORD'S ALK.		
10	100 001/ 1/1//0	. 7	Man A han	the in succession was	BEO. L.X	HWAB INC	BA	15 60021223		

226 3. Monastery Adm. 8/11/71

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THE RESERVE

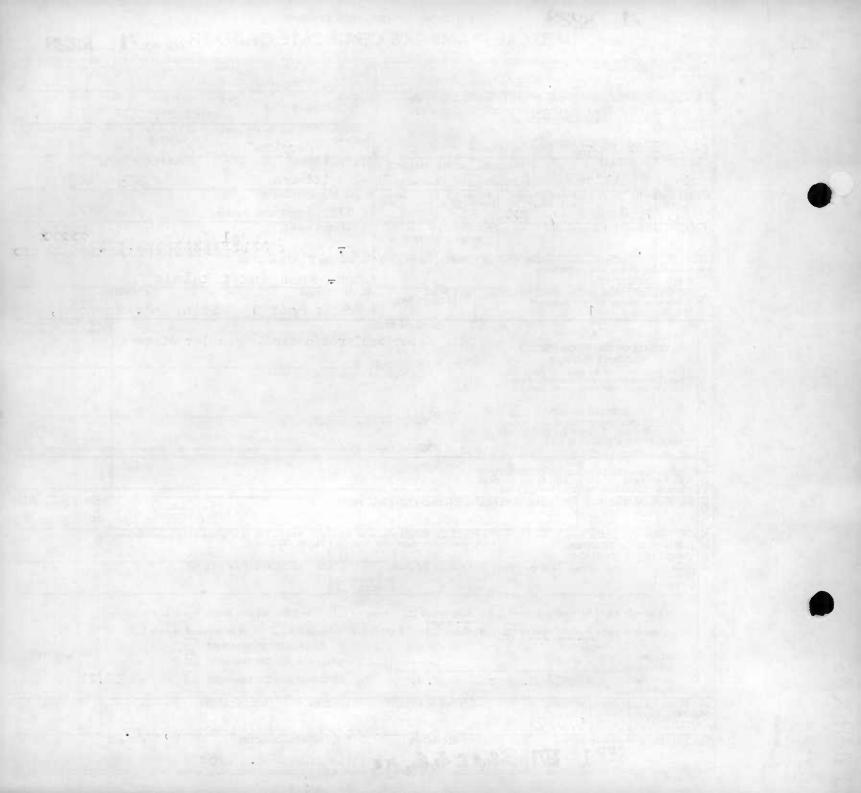
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		BALTIMORE CITY HE										
71 8227 M	EDICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	1 8	227				
I. NAME OF DECEASED			2. DATE OF	Known 🗗	Month	Day	Yeor	Hour				
Arlene			DEATH	Estimoted 🗆	8	30	71	10:25 A,				
4. PLACE IN BALTIMORE, MARYLAND FULL NAME OF (IF NOT IN HOS			3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour				
HOSPITAL ADDRESS OR LO	PITAL OR INSTITUTI DCATION)	ON, GIVE STREET			8	30	71	10:25 A.				
	Home & Ho	spital	5. USUAL R A. STATE	Maryland	deceased li	B. COUNTY	n: residence	before admission)				
6. SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?					
Female Negro	WIDOWED [DIVORCED		Baltimor	e	V	ES 🔀	NO 🗆				
9. DATE OF BIRTH 10. AGI	(In years If U	nder 1 Yr. II Under 24 Hrs. ths a Doys a Hours a Min.	E. STREET	ND NUMBER								
July 7, 1940 3			100 0	130 N. A	isquit	h Stree	t					
11. BIRTHPLACE (Stote or foreign countr		ITIZEN OF	13. FATHER	SNAME	1							
13x1to: 14d.		YHAT COUNTRY?	1h	omas	41	rrw						
14A. USUAL OCCUPATION (Give kind of widone during most of working life, even if retire	ork 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	AE /	1						
To start working the, even the in-	No	re	100	AFU A	ONS	ien						
16. WAS DECEASED EVER IN U.S. AR! (Yes, no prunknown) (If yes, give wor or do	AED FORCES?	17. SOCIAL SECURITY NO.	18. INFORM			A	DDRESS					
NO TO THE WOLLD THE WOLLD THE	es of service)	SECORIT NO.	Putr	y Felto	~	131 His	0 cu 3/4.	ST. April.				
19.		CAUSE OF DEA	TH	/		(). //()	å Al	PPROXIMATE INTERVAL				
DISEASE OR CONDITION D	IDECTIV						BETV	VEEN ONSET AND DEAT				
LEADING TO DEATH	INCCILI	AND MARKET CO	ALICE I	Epilepsy			200					
(This does not mean the mode of heart follure, osthenio, etc. it means	dying, e.g.,	(A) IMMEDIATE O	AS A CONSEQ									
injury or complication which coused	deoth.)											
ANTECEDENT CAUSES												
DISEASES OR CONDITIONS, IF	NY, GIVING	(8)	AS A CONSEC	QUENCE OF:								
UNDERLYING CONDITION IAS	STATING THE											
0		(c)										
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING											
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II 20A. DATE OF OPERATION 20B. (C)	TO THE TERMINAL											
20A. DATE OF OPERATION 208.		WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)				
Ö												
Z 22A. EXTERNAL CAUSE WAS	22B.F	LACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID (if in Boltimor	e City, give exc		es				
UNDERLYING OR CONTRIB-	home	, form, loctory, street, office	bfdg., etc.) II	AJURY OCCUR? '								
2 22D. TIME (Month) (Doy) ()	eor) (Hour) 2	E.INJURY OCCURRED	2	2F. HOW DID INJ	URY OCCL	IR?						
OF INJURY (APPROX.)	W	HILE AT NOT	WHILE									
23.	m. W	ORK L AT W	ORK									
I certify that I held an	Inquiry 🗌	Inspection Aut	apsy X	and that on th	Is basis.	death in my	apinian					
resulted fram: Natural o		ccident Suicid				ed manner						
11/100	1 / 1			HIEF MEDICAL E								
ACTUAL MA	11 VI		ACCIO	STANT MEDICAL E				DATE SIGNED				
SIGNATURE EXAMINER'S	10- 16	M,D,						0 21 71				
\$4554m m	rner U.S	pitz, M.D.	A550	CIATE MEDICAL EX	AMINER			8-31-71				
24A. BURIAL CREMATION, 24B. DAT	24	C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town	, or county)	(Stote)				
REMOVAL (Spectfy)	-71	MT. A.	1/2	, C	13	14		mad.				
25 A. DATE REC'D BY HEALTH DEPT.	25B NAME	OF REGISTRAR	POY P	UNERAL DIRECTO	100	~110.	DDBECC	,				
CED 4			230.	/ DIRECTO	A	(/ A	DDRESS	0 11 1				
SEE BU	Mapene E.	Farber, M. W.	121	my !	0,0	V1/5m	-10001	Smally fr				
VS 151-REV. 1/1/68	7 7	11110	1 (0/2			0 11	· Mid ·				

VS 150-REV, 1/1/68

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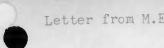
H-34/011 8229 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 8929
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) WILLIAM P. HUGAL	2. DATE Known Month Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 29, 1971 5:40 P. M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
3733 Bonview Road	Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO 🗆
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr, II Under 24 Hrs.	
8/17/1904 lost birthdoy) 660x Months, Days, Hours, Min.	3733 Bonview Road
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Mass. USA	Mr. Frank ************************************
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	
Cab Driver	Mrs. Anna Aukstikalnis
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
yes WW1	Frank Post 15 Alpine Rd. Norwood, Mas
19. CAUSE OF DEA	6ETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	sclerotic cardiovascular disease
LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE: DUE TO, OR	CAUSE AS A CONSEQUENCE OF:
heart loilure, asthenia, etc. It means the disease, Injury or complication which caused death.)	45 A CONSEQUENCE OF
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (8) DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, loctory, street, affile	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
☐ UTING ☐ CAUSE OF DEATH.	
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
m. WORK AT	WHILE OORK
23.	tapsy and that on this basis, death in my opinion
resulted from: Natural causes X Accident Suici	
resulted from Reducti causes & Accident L. Suici	CHIEF MEDICAL EXAMINER
ACTUAL weed Well	ASSISTANT MEDICAL EXAMINED THE
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 8/30/71
NAME (Type)	ASSOCIATE INCOME ESTABLISH
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D, LOCATION (City, town, or county) (State)
Burial 9/3/71	Notional Cottychung Po
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	National Gettysburg, Pa
SEP 1 1971 PROBE JOB -	250, 101 COMPANIES OF THE PROPERTY OF THE PROP
SEP 1 1971 Paber E. Jaber K	



Very Suchage - Thebur A Longe - 33 849 569 Private 1st Class. Company "E" (2) Hage + Sax Statement 518 10 6068

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71 0021	EALTH DEPARTMENT	
MEDICAL EXAMINER 5	CERTIFICATE OF DEATH REG. NO. 11	8231
I. NAME OF DECEASED LOI'S	2. DATE Known Month Doy Ye	ar Hour
(Type or Print) DELLA FOWLER	OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Ye	ear Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 29,1971	111:10 A
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; reside	ince before admission)
240 North Spring Street 6. SEX 17. RACE 18. MARRIED 1. NEVER MARRIED	Maryland ID. INSIDE CITY UM	605
Fomo 1 o Noomo	Raltimore 5	
WIDOWED DIVOKCED	TES L.	ио Ц
2 /2 / 19419	240 North Spring Street	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHERIS NAME	
Mesta Carolina WHAT COUNTRY?	Elma Halder	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even [freilred])	14 15. MOTHER'S MAIDEN NAME	
House wife	Euzelia Margan	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((if yes, give wor or dotes of sorvice) 17. SOCIAL SECURITY NO.	18. INFORMANT	f no
239-74-873	K Eugelia Holder Clays	APPROXIMATE INTERVA
19. 7 9 6 9 1 CAUSE OF DEA	AIH /	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Undetermined	
(This does not mean the mode of dyling, e.g., (A)IMMEDIATE	AS A CONSEQUENCE OF:	
heart follure, asthenta, etc. It means the disease, Injury or complication which coused death.)		
ANTECEDENT CAUSES (P)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A)-	VAC PERSONALED	HYODEVA (Veres No.)
20A. DATE OF OPERATION 1208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	NUTOPSY? (Yes or No) yes
₹22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	In or obout 22C. WHERE DID (II in Baltimore City, give exect local	
	., In or obout 22C. WHERE DID (II in Baltimore City, give exect location bldg., etc.) INJURY OCCUR? Unk	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED		
OF INJURY (APPROX.) Unk . WHILE AT ? NO MY WORK ? AT	Unk.	
23.		
· · · · · · · · · · · · · · · · · · ·	ond that on this basis, death in my opinion	on
resulted from: Notural couses Accident Suici	de Hamicide Undetermined manner	
ACTUAL / / / /	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Ronald N. Kornblum, M. D.	D	/30/71
NAME (Type)	ASSOCIATE MEDICAL EXAMINATER []	750771
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or co	unty) (State)
Remaind 8/31/71 Farest ?	feel Clayton	1/16,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRES	S
SEP 1 1971 Taber E. Jarber, M. D.	Verlington st heller 172;	M. Meura



•

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	E-530 71 8232			HEALTH DEPARTMENT	X REG. NO. 2	1 8232			
	NAME OF DECEASED ADELE	N	. ENNI	2. DATE A	ND HOUR OF DEATH	1			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUN		- 1	-31 ← 19	institution: residence before admission			
FL	ULL NAME OF OSPITAL OR ADDRESS OR LOCATION			Maryland c. City or town	Balt:	imore SIDE CITY LIMITS?			
1	Baltimore City 1 1940 Eastern Avenue, Balti	tosp) tals	E. STREET AND NUMBER 663 S. Avond		YES NO X			
			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years				
	Female Negro WIDO	WED	DIVORCED	3-4-1910	lost birthdoy)	Months Doys Hours Min.			
10/	A. USUAL OCCUPATION (Give kind of work 10B, Kft	ID OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?			
	ne during most of working the, even it (elifed)			Maryland		U.S.A.			
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	0.5.4.			
		are	۳_			Goldwing			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) ill yes, give wor or dotes of ser	vice)	6. SOCIAL SECURITY NO.	17. INFORMANT Jam	res Enn	ADDRESS			
	00	2	19-30-8025	Records: BCH-49	40 Eastern A	venue 21224			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE OF DEATH	0	hemor	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	(This does not meen the mode of dying, heart failure, asthenio, etc., It means the dis injury ar complication which caused deoth.)	e.g., ease,		CONSEQUENCE OF:	nemor	Those stays			
	ANTECEDENT CAUSES		(B) (ereb	to vascular	accide	nt 14 days			
	DISEASES OR CONDITIONS, if any, gase to the abave cause (A) stoling UNDERLYING CONDITION tost.	iving Ihe	(c) Arter	CONSEQUENCE OF:	ic Card	is vascular you			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	Mite	al Stenne	15	Disease 10 years			
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?			
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inofity medical examined	21 B. PL. home, etc.)	ACE OF INJURY (e.g., in lorm, loctory, sheet, offi	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exact location)			
MEDI	21 D. TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21 E. IN While Work	At Not While At Work	21F. HOW DID INJ	URY OCCUR?				
	22. I certify that (I) (this haspital) attend	ed the	deceased fram 0 1	7	19 <u>71</u> to 8_31	19_71			
1	that (i) (we) last saw the deceased alive	an8	31	/		nian death accurred an the date			
and have and from the causes stated above. (i) (We) (did) (did not) view the body after death.									
	23A. SIGNATURE					23B, DATE SIGNED			
Attending Med. Director Phys. A40. 31									
	23C-PHYSICIAN'S NAME (Typel CHU - SHIN	CH		D. ADDRESS 4940, Easte	ern Aye. Bal	timore, Md. 21224			
24A	BURIAL CREMATION, 24B. DATE 24	C. NAMI	E of CEMETERY OF CREM	Daltimo /		ty, town, or county) (Stote)			
250	Burial 9-3-71		ver Mem		aurel,	md.			
JA			aber K.D.	Kelson F. h	U. BAILE	D. Calhoun St.			
/5 1	150-REV, 1/1/68					v. carriown 31.			



VS 150-REV. 1/1/68

1	1-100	71 823	3			TH DEPARTMENT		NO. 17	1 823	3
1.	RTH NO.	ASED			CAIL		AND HOUR OF			
H	rpe or Print)		ur Lee			Aug	g. 31, 1	971	1 //	40 4
3.	PLACE IN BALT	MORE MARYLAND,	WHERE PRON	OUNCED DEAD	A. 31/		Vhere deceased li	ved. Il ins	titution: residence b	refore admission)
[] H	ILL NAME OF	(IF NOT IN HOS	PITAL OR INSTI	TUTION, GIVE STREET		Maryland				2711
In	NOITUTITZ				C. CIT	altimore			E CITY LIMITS?	- 🗆
1	1 430	00 N. Chai	les Str	reet		EET AND NUMBER	₹		YES N	o []
5	SEX					300 N. C	harles S	treet		
	M	6. RACE		NEVER MARRIED	$=$ 1 \wedge 4	9-1899	9. AGE (In ye	eors	II Under 1 Yr. Months: Doys H	Under 24 Hrs.
10,	. USUAL OCCU	PATION (Give kind of w	WIDOWEL	DIVORCED F BUSINESS OR INDU	STRY 11. BIR	THPLACE (State or	(country)		12. CITIZEN OF W	
100	is doubled most of M	orking life, even it felired	1 [itable Tr.C		iderwood,	III.	nd	U.S.	
_	FATHER'S NAM					THER'S MAIDEN N	-	i iu	0.5.	4.
		Charles W.				Violet H	H. Brow	ne		
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed I	orces? les of servicel	1 6. SOCIAL SECURITY NO.	17. INF	DRMANT			ADDRESS	
	No			216-01-865	524	Mrs. Art	hur L. H	Hoff	Sar	me
	18. 4	100		CAUSE OF D	EATH				APPROXIA	MATE INTERVAL NSET AND DEATH
		OR CONDITION I			/	750000	1 600	-1.		NSET AND DEATH
	(This does no	t meon the mode sthenia, etc. It mean	al dying, e.g.	(A) IMMEDIATE	CAUSE CONSI	EREGRI	th cingo	17/7	1 6	PAYS
	injury or comp	lication which cause	d death.)	•						
	100	NTECEDENT CAUSI		(B) A	RTERIO.	SCIEROTIC EQUENCE OF:	HEART I	DISEAS	ENS	EARS
	rise to the	CONDITIONS, il abave cause (A	any, giving stating the	DUE TO, O	R AS A CONS	EQUENCE OF:		***************************************		
	UNDERLYING	CONDITION last.		(c)			*************			***************
N	OTHER SIGNIFIC	II CANT CONDITIONS C	ONTRIBUTING							
ATIC	TO THE DEATH DISEASE OR CO	BUT NOT RELATED TO	THE TERMINAL	*************				**********		
CERTIFICATION	19A. DATE OF C	PERATION 198. CO	NDITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or	No) 208. IF YES,	WERE FIN	NDINGS CONSIDER	RED
CER	21 A. ACCIDENT	WAS UNDERLYING	7 216	L PLACE OF INJURY (e	-a- in or obou	IZIC WHERE DID				
S	DEATH (notify n	nedical examined	etc.	ne, form, foctory, stree	, alfice bldg.	INJURY OCCUR?	(II In	Boltimore (City, give exact loco	tion)
MEC	21 D. TIME (OF INJURY (APPROX.) ~	Month! (Doy) (Yeor	WI	INJURY OCCURRED	While	21F. HOW DID II	NJURY OCCUR?			
	22. I certify th	hat (I) (t his hespit	1	he deceased from		12-	_19 <i>5/</i> ta	ANG	.31	19//
		ast saw the deceas				71			on death accurre	
	and have and	fram the causes st	ated abave. (i) (We) (did) (did no	t) view the	bady after death				a dii illo dala
	23A. SIGNATURE	Jal -	1/2 1					2	38, DATE SIGNED	
	23C. PHYSICIAN	Jobs de.	Step	M.D. DEGREE	Attending K	Med. Director	Staff Phys.		9-1-	71
	NAME TYP	Dr. Joh	n M. S	cott	23D. ADD	000 Northe	ern Park	way		
24A	BURIAL CREM	ATION, 248 DATE		AME of CEMETERY OF	DEE .		LOCATION		town, or county)	(\$4-4-1)
E	Burial	9-3-1		ruid Ridge			Pikesville	•	•	(Stote) Md.
25A	DATE REC'D B	Y HEALTH DEPT.	25B, NAME	OF REGISTRAR	25 C.	FUNERAL DIRECTO	OR .		ADDRE	
	25	P 1 1971	violent E	Valley M.D.	A H	W4905	York Ros	ons (alto. Md	. 21212

Md.

21212



NAME OF DEC	EASED F.			lla Boss							
ype or Print)	Woodrow	Philli	ins	2. DATE OF	Known Estimated	Month 8	27	Yeor 71	8:15		
PLACE IN BAL	TIMORE, MARYLAND,			3. DATE	Estimated C	Month	Day	Yeor	8:15 a		
JLL NAME OF OSPITAL R INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INST	TITUTION, GIVE STREET		SIDENCE (Where	8	27	71	8:15		
00	1412 W.			A. STATE.		e decadred II	B. COUNTY		Delore damissi		
sex male	7.RACE White	100	IED NEVER MARRIED				D. INSIDE				
DATE OF BIRTI	HO AGE	WIDOW In years	/ED DIVORCED DIVORCED Under 1 Yr. II Under 24 Hrs.	Balto.	ND NUMBER		. '	res 🗌	NOL		
7/31/22	iost birthd	By)	Months Doys Hours Min.	1412	W. Lombar	rd St.					
BIRTHPLACE (Stale or foreign country) Maryland Maryland					13. FATHER'S NAME unknown						
A-USUAL OCCU		148. KIND	OF BUSINESS OR INDUSTR	15. MOTHER	'S MAIDEN NA	WE					
WAS DECEASE	D EVER IN U.S. ARME	D FORCES	7 17. SOCIAL SECURITY NO.	18. INFORM	ANT			ADDRESS			
19, no er Un known) 1 9 S	(Il yes, give wor or dotes Army WW 2	of service)	213-28-4479	Jahn	P. Ster	vens.			V. Cur		
19.			CAUSE OF DEA					AF	PROXIMATE INTE		
(This does no heart follure, tnjury ar com	LEADING TO DEATH or meon the mode of di- osthenio, etc. it meons th pilication which coused de ITECEDENT CAUSES	e disease, oth.)	(B)	AS A CONSEQU		ase					
(This does not heart follower, trijury ar com DISEASES (RISE TO THE LUNDERLY VIA	ot meen the mode of di- ostherilo, etc. It meens the splication which coused de ITECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STA IG CONDITION LAST. II IFICANT CONDITIONS C ITH BUT NOT RELATED TO	Y, GIVING THE	(b) DUE TO, OR (C)		JENCE OF:	ase					
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(This does no heart follure, injury or com AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR	ot meen the mode of di- osthenio, etc. it meens the optication which coused de ITECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STA IG CONDITION LAST. II IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS OF THE PROPERTY O	Y, GIVING THE	(b) DUE TO, OR (C)	AS A CONSEQU	UENCE OF:	ase		21. AUTO	PSY? (Yes or I		
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(This does no heart follure, injury or com DISEASES C RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTERN UNDERLYING UTING CAI COF INJURY (APPROX.) 23.	ot meon the mode of di- osthenio, etc. it meons the plication which coused de ITECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STA IS CONDITION LAST. II FICANT CONDITIONS CO. II BUT NOT RELATED TO CONDITION GIVEN IN P OPERATION 20B. CO. VAL CAUSE WAS GOR CONTRIB- JSE OF DEATH. Month) (Day) (Yea	e disease, ooth.) Y, GIVING THE CONTRIBUT OTHE TERMINART 1 (A). NDITION 1	(C) ING NAL FOR WHICH OPERATION WAR 22B. PLACE OF INJURY (e.g., home, farm, lactory, street, office WHILE AT NOT NOT NOT WORK	AS A CONSEQUENCE OF SECTION OF SE	UENCE OF: UENCE OF: C. WHERE DID (UURY OCCUR?	II In Boittmos	JR?	not location)			
(This does not heart follure, injury or community or comm	ot meon the mode of di- osthenio, etc. it meons the plication which coused de ITECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STA IS CONDITION LAST. II FICANT CONDITIONS CO. II BUT NOT RELATED TO CONDITION GIVEN IN P OPERATION 20B. CO. VAL CAUSE WAS GOR CONTRIB- JSE OF DEATH. Month) (Day) (Yea	odlease, oth.) Y, GIVING THE CONTRIBUTE OTHE TERMINART I (A). NDITION I	(C)	AS A CONSEQUENCE OF SPERFORME	UENCE OF: UENCE OF: C. WHERE DID (UURY OCCUR? F. HOW DID IN I	(II in Bolitmor SURY OCCU	JR? death in my	no act location)			
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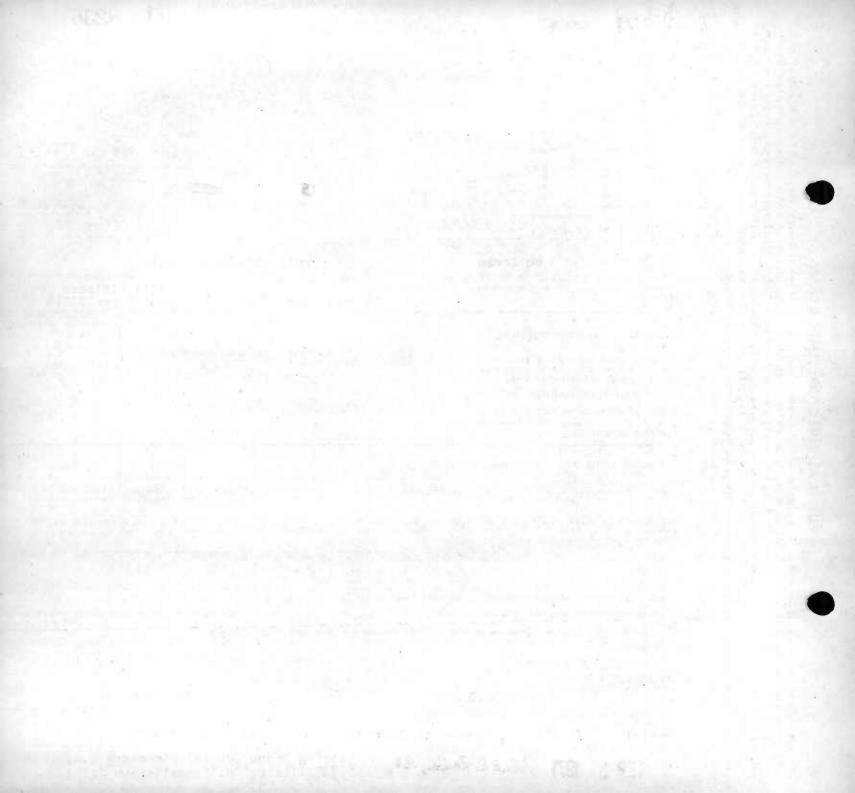
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VS 151-REV. 1/1/68

Madison St., Balto, Md. 21205

IMPORTANT

VS 150-REV, 1/1/68



11.13	BALTIMORE CIT	Y HEALTH DEPARTMENT		
D-630 71 8237	CERTIFICA	ATE OF DEATH	REG. NO. 71	8237
(Type or Print)		2. DATE AN	D HOUR OF DEATH	0.00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	CHRISTI ONOUNCED DEAD	A N 8-29	7 - 7/	9 4
SHILL MANAGE OF ACCUMENT OF ACCUMENT		A. STATE B. COUN	MARY	tion: residence before odmission)
HOSMITAL OR IN HOSMITAL OR IN HOSMITAL OR IN HOSMITAL OR IN ADDRESS OR LOCATION)		c. CITY OR TOWN	L NO I A N	CITY LIMITS?
MERCY HOS	PITAL	Sukesu	LLE YE	NO T
31 301 St. PA	UL PLACE	E. STREET AND NUMBER	N	1/11 00
5. SEX A/I 6. RACE 7. MAD		1125 10 I	MAIDO	HILL DR
/V) MAR	RIED NEVER MARRIED R	3 - 1 4 - 126	9. AGE (In years III last birthday)	Under 1 Yr. If Under 24 Hrs. Innths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTR		gn country!	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
BURZAWA, ROI	11010	10/1/4/ = 7	(A)	10. (000)
15. Was Deceased Ever in II. S. Amuel Forces?	16. SOCIAL	17. INFORMANT	ON, ETA	ADDRESS
(Yes, no or unknown) (If yes, give wor or dales of serv	SECURITY NO.	Hospital 1	Records	
18.	CAUSE OF DEAT		(CCO)-CS	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA	USE Cardiopala	onary are	rest 1 has
IThis does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury ar camplication which caused death.)	e.g., dise,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES		Basi 7		2 1000
	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	umas	
nise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	A GONSEGUENCE OF		
11	()			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			*****
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 17B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208 IF TES, WERE FIND IN CERTIFYING CAUSES	HINGS CONSIDERED
U 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If In Baltimore Cit	ly, give exact location)
S DEATH (notify medical examined	home, farm, factory, street, o	ffice bldg. INJURT OCCUR?		
OF INJURY (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJU	JRT OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (I) (this hospital) attend			9 71 10 Avg. 2	919 <u>'7/</u>
that (1) (we) last saw the deceased alive	0	100 /		death accurred an the date
and have and from the causes stated abov	e. (I) (We) (did) (did not)			
23A. SIGNATURE			236	A DATE SIGNED
y 4 L	DEGREE Phy	ending Med.	Stoff Phys.	
23C.PHYSICIAN'S NAME (Typel	/	23D. ADDRESS		
YOUNG HE	DEGREE	Mercy.	HOSP.	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City, to	wn, or county) (State)
Burial 19-2-71	Mt. View Cu	netry	Howard C	· Ma.
254. DATE REC'S EPHEALTH DET 258. NA.	E. Jaben 20	25C FUNERAL DIRECTOR	Hairlet.	Sulinville Md
VS 150-REV. 1/1/68		I wy w	1 ungrow	musica, old.



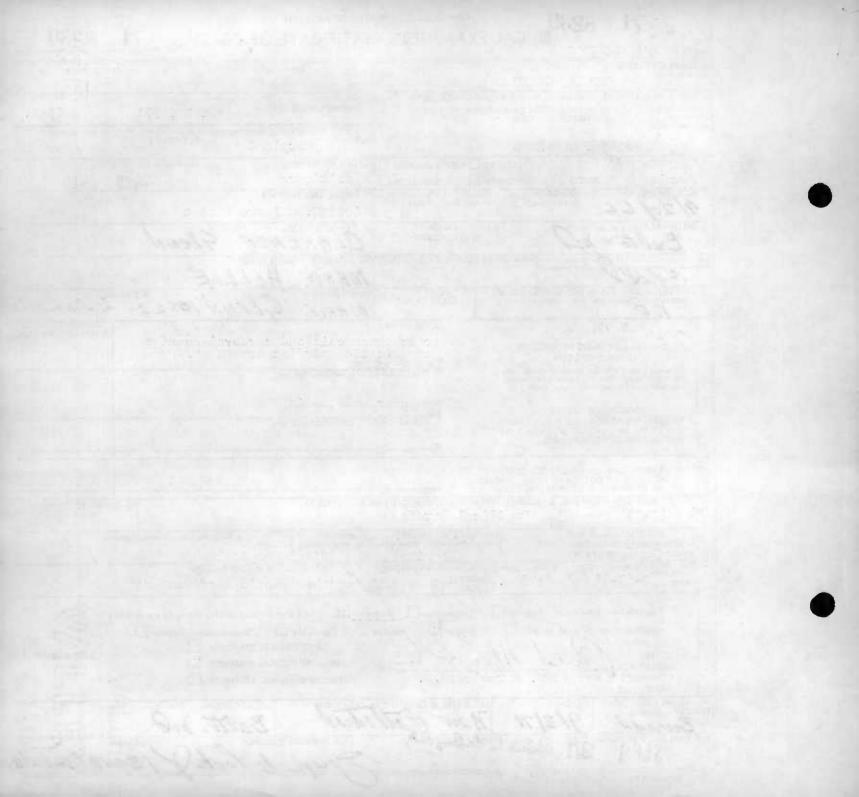
IMPORTANT

FUNERAL DIRECTOR:

T-340	BALTIMORE CITY	HEALTH DEPARTMENT	•	71 0000
BIRTH NO. 71 8238	CERTIFICA	TE OF DEATH	REG. NO.	1 8238
(Type or Print) + He Maam		P. DATE AN	D HOUR OF DEATH	410
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD		e deceased lived, II ins	stitution: rasidence belare admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	ON, GIVE STREET	Marylan		DE CITY LIMITS?
7 33 1 1 1	11001	Batti more		YES 🔀 NO 🗌
John Hopkins	1-105 b.	5518 BOSV	worth 1	Ave
	NEVER MARRIED DIVORCED	2-22-13	ost birthdoy)	Il Under 1 Ys. If Under 24 Hrs. Menths Deys Heurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLA CE IStole er loreig	gn country)	12. CITIZEN OF WHAT COUNTRY
DEM		BAllin	pana eb	NSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
I homas William	•	mariah	Bro	WN
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, ne or unknown) (If yes, give wor or detes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	12-26-4761			
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANALIEDIATE CAL	e Unous	0	For Sweep
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:		- CA SWOOD
injury at complication which caused death.)	1. 1		1 .	
ANTECEDENT CAUSES	(B) Elnet	ence our	uctur	***************************************
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(c) 2° h	enc Olst a consequence of: ultustatu	Caca	
z II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	***************************************		
194 DATE OF OPERATION 198 CONDITION FOR WHICE WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes er Ne)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for etc.)	CE OF INJURY (e.g., le orm, foctory, street, of	er about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Beltimere	City, give exect lecetion)
OF INJURY IAPPROX.) ODE INJURY IAPPROX.) ODE INJURY While A	URY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
22. I certify that (1) (this hospital) attended the d	At Werk	7/		(/29 102)
that (1) (we) lost saw the deceased alive on	8/28/21		t in (my) (sue) opin	Ion death occurred on the date
and hour and fram the couses stated above. (1) (W	e)((did) (did nat) v	ew the body ofter death.		
* 23A. SIGNATURE KRONEY M.B.	Bih Atter	oding Med. S	Staff Phys.	23R, DATE SIGNED 8/29/71
23C. PHYSICIAN'S NAME (Type) K. KEARNEY	DEGNEE	3D. ADDRESS	1+	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY of CRE	MATORY 24D. LO	CATION (City	, tewn, ar county) (State)
BURILL 9-2-71 ARA		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C FUNERAL DIRECTOR	limone	ADDRESS
SEP 1 1971 Robert E.	Fallen K.D.	GEORGE W	ITITLE	Bel AIR Md

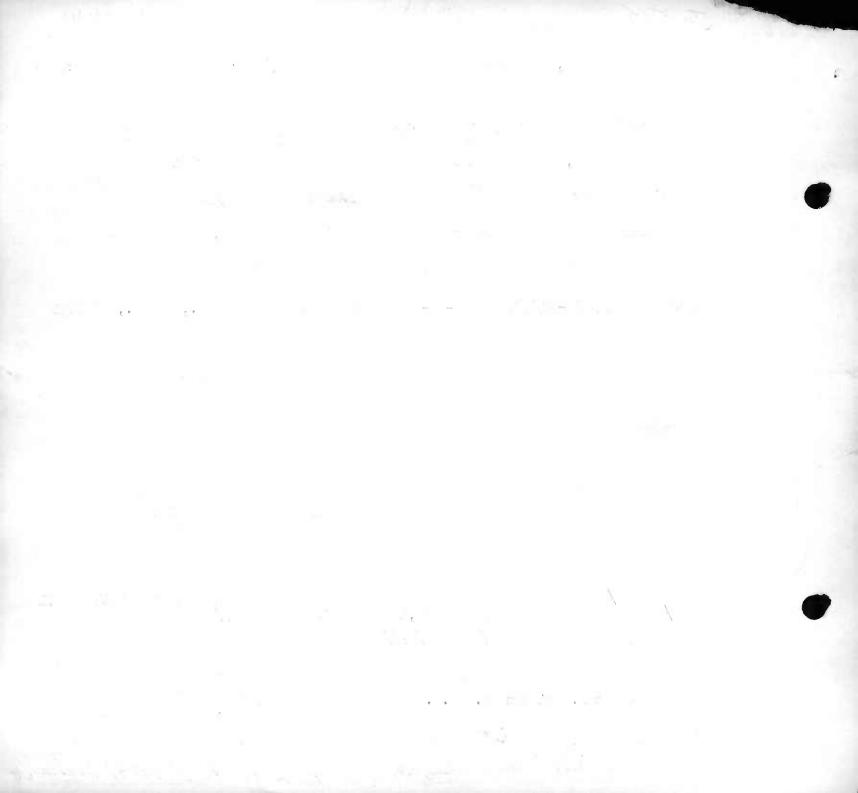
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T 55	5		BALTIMORE CITY	HEALTH DEPARTMENT		74 0040
7-30	71 89	40	CERTIFICA	TE OF DEATH	REG. NO	71. 8240
BIRTH NO.	FASED	10				
(Type or Print)	JOHNSON, C	lamanaa			D HOUR OF DEATH	
2 21 4 25 124 241				8/30		10:00 A
	TIMORE MARYLAND, W			4. USUAL RESIDENCE (When A. STATE 8. COUN	e deceased lived, If in	stitution; residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITUTION		Maryland c. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
1		inistration		7.71.		YES Y NO
25 3	1900 Loch Rav	en Boulevar	rd	E. STREET AND NUMBER	9	
B	Baltimore, Ma	ryland 212	18	122h N (Gay Street	
5. SEX	6. RACE	7- MARRIED N			9. AGE (In years	If Under 1 Yr., If Under 24 Hi
Male	Negro	WIDOWED	DIVORCED		lost birthdoy	Months Doys Hours Min.
	JPATION (Give kind of work	10B, KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHELACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNT
Labor		retin	red	Richmond Cou	unty, Va	USA
13. FATHER'S NAM	WE			14. MOTHER'S MAIDEN NAM	ΛĒ	
	ge Johnson	5WI		Lucy Thompac		
(Yes, no or unknown)	Ever in U. S. Armed For Ilf yes, give wor or dote	ces? 16. S s of service) 5	OCIAL ECURITY NO.	VA Hospital Re	ecords	ADDRESS
yes	7/15/18 - 7	/3/19 212	2-16-8657	3900 Loch Rave	en Blvd. Ba	alto. Md 21218
1B. /	0 /1		CAUSE OF DEATE			APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY		0		BETWEEN ONSET AND DEA
	LEADING TO DEATH		A . BALLEDIATE CAL	or Come 9 AL	INE C	>5 minl
This does no	ot mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:		***************************************
injuly of com	osthenio, etc. Il means plicotion which caused	the discose,		1 . L 1.		
	INTECEDENT CAUSES	a a a a a a a a a a a a a a a a a a a	meta	ates is the	and bore	2 month
DISEASES O	R CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***********************	
rise to the	above cause (A)	stating the				
UNDERLYING	CONDITION last.		(c)			
	11					
E ITO THE DEATH	CANT CONDITIONS CO	IE TERMINAL				
DISEASE OR CO	OPERATION 1198 CON	T 1 (A).	OPERATION	20A. AUTOPSY? (Yes of No.	208 IE YES WEST S	CONSIDERED SONIGNIE
	WAS PER	ORMED	or Example	YES	IN CERTIFYING CALL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTE	TING CAUSE OF medical examiner	218 PLAC home, for etc.)	E OF INJURY (e.g., in n, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimore	e Cily, give exact location)
D 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJU	RY OCCURRED	21F. HOW DID INJU	INY OCCUPY	
S OF INJURY		While At	Not While		TAT UCCUR!	
(APPROX.)		Work	At Work			
22. I certify	that (1) (this hospital) attended the dec	eased from	August 11th	9 71 to A110	ust 30th 1971
/ /	last saw the decease				Commission (Vermanning)	
				iew the body after death.	it inglika) (ant) abiu	nion death accurred an the da
23A. SIONATUI	RE /	2.0	- 1777	and and and the		23B, DATE SIGNED
Jo	mer A. Co	mulan	MP DEGREE Phys	Med. Director	Staff Phys.	8/30/71
23 C. PHY STEIAI NAME (Ty	N'S 'pel		14	3D. ADDRESS	och Raven B	oulerand /
	James A. Qui	nlan Jr.	M.D.		ore. Maryla	
24A. BURIAL CREA	AATION, 248. DATE	249. NAME o	CEMETERY OF CRE	MATORY 24D, LO		y, town, or county! (Stote)
BEMOVAL (S	pecifyi D/s/	het	111	No. 1	1 1	1. 1. 1.

25A. DATE RECO PT DEALTH DEN 200 NAME OF REGISTER SOLEM S. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

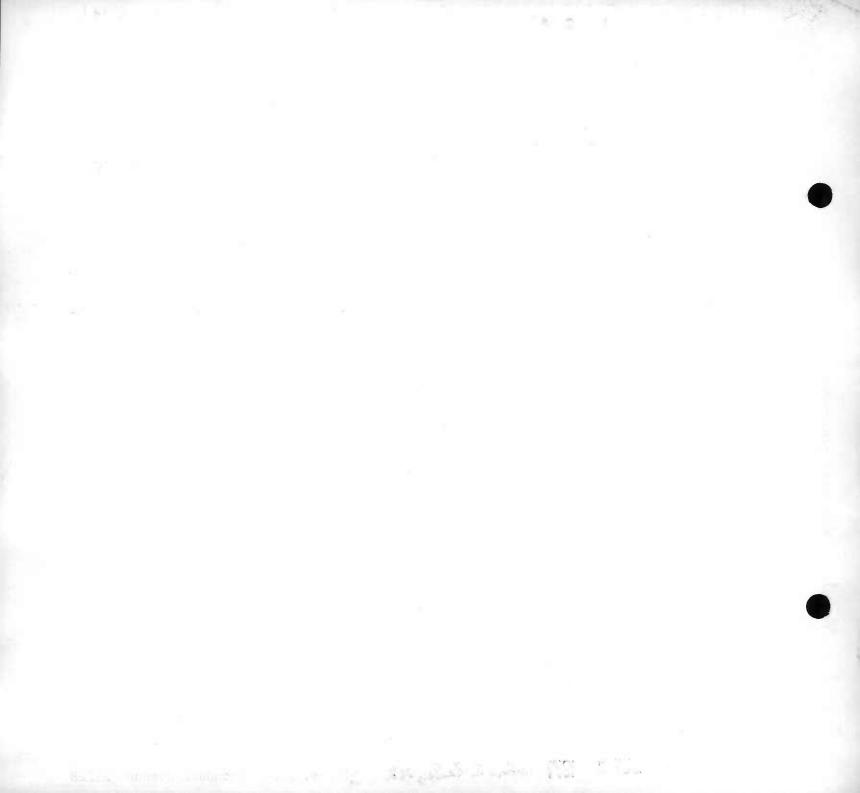


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



This certificate must be approved by the contribution of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was b. O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

11 2	cal			BALTIMORE CITY	HEALTH DEPARTMEN	NT +-y.	1 00/12
BIRTH N	556	71 8242		CERTIFICA	TE OF DEAT	H REG. NO.	1 8242
	E OF DECE	ASED			2. DA	TE AND HOUR OF DEATH	
Type or	Paint) K	inder, Harry				9 00 77	1 1,00 A
3. PLAC		MORE MARTLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	8-29-71 Where deceased lived, If in	stitutiant residence before admission
	IAME OF			UTION, GIVE STREET	Maryland		aryland // DI
-					Baltimore	. (6)	YES X NO
) / J	Mercy I	Hospital			1017 N.	alvert St.	
SEX		6. RACE	7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	tf Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A	1	White	WIDOWED		11-24- 02	lost birthdoy)	Months Doys Hours Min.
OA. U SI	JAL OCCU	PATION (Give kind of work		BUSINESS OR INDUSTRY			12 CITIZEN OF WHAT COUNTR
		orking life, even if retired)					
Re	horite	- Veteran			A	ews, Virginia	american.
3. FATI	HER'S NAM	E	-		14 MOTHER'S MAIDE	N NAME	
	derive.	Godf	nev		34.3	Mat	tilda
S. Was	Deceased	iver in U. S. Armed For Uf yes, give war ar date		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, na e	or unknown!		s of Berrice)	SECURITY NO.			23602
Yes	3	WWII		226-05-6677	Ray Kinder	104 Sylvia Di	
18.	571	X 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
-	DISEASE	OR CONDITION DI	RECTLY		10 0	0.0	- T.
	L	EADING TO DEATH		(A) IMMEDIATE CAL	RE Villewore	ag edena as	ally-
		t mean the mode of		DUE TO, OR AS	A CONSEQUENCE OF:	U	
hec	ert failute, a	isthenia, etc. It means Nication which caused	the disease,				
mile	731			Lun	1.1.007	10 Apt Tino.	1
	A	NTECEDENT CAUSES		(8)	in alyan	of separca	ma
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	1, 0	0
		above cause (A)	stating the	· N/14	Timal C	22 horses of	aver.
UN	DEKLTING	CONDITION last		(c) 10001	a nortage		
FITO	THE DEATH	ANT CONDITIONS CO	HE TERMINAL	Gene	alized o	nterbseles	VIL)
V IDIS		OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSYT (Yes	or Noll 20B IF YES WERE	FINDINGS CONSIDERED
)	WAS PER		initial dispetion		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A	ACCIDENT	WAS HINDER VINO	1 1210	PLACE OF INITIAVICE !	or about 23 C. WHERE	DID #1 to Bold	e City, give exoct location)
A DE	CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	hom	PLACE OF INJURY (e.g., ine, farm, factory, street, at	fice bidge INJURY OCC	UR?	e City, give exoct location;
<u> 210</u>	TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
2 0	PROX.)			ile At Not While At Work	• [
			Wo				
22.	I certify t	that (I) (this hospital	i) attended t	he deceased from	104 26	19 71 to AVC	29 19 7
tha	t (1) (we)	ast saw the decease	d alive an_	Aug 29	(19 7)	and that In (my) (our) apl	nian death occurred on the da
	1						
			red abave. ((We) (did) (did nat) v	lew the body after de	eatn.	TOTAL DAYS SIGNED
23A	SIGNATUL	m O		4.00	-11		23B, DATE SIGNED
	(0	hun V	he_	MD DEGREE Phy	inding Med. Director	Staff V	
23 C	NAME (Ty				23D. ADDRESS	But I I	
	NAME (Ty	To last	NHT	7 15	Wisco. I	located D	It'make mad
	15141 557	IONYV	UIII	MD DEGREE	MEY CY F	los Di lale, Be	allimore, ma
RE	IRIAL CREA	AATION, 248. DATE	24C. N	AME of CEMETERY or CR	MATORY	24D. LOCATION IC	ity, town, or county) (State)
	rial	9/2/71	Go	ttysburg Natio	nal	Gettysburg, P	enna.
		AN HEALTH DEST	25B NAME	OF REGISTRAR	25C. FUNERAL DIR		ADDRESS
		LPZ RY	Car a	E. Jaben M.D.			4
		107 (Value 18	- Ancor Les	Witzke,	1630 Edmondson	Avenue 21228
/\$ 150.	-REV. 1/1/6	6		111	1 (1 / .)		

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L. 600 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 71 8243 CERTIFICA	ATE OF DEATH X REG. NO. 71 8243
1. NAME OF DECEASED (Type or Pant) LEARY, HARRY MATHERS, Jr.	AUGUST 29, 1971, 8:00A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND HOWARD COUNTY & 300
CT ACHEC HOCDITAL	ELLICOTT CITY YES NO 🖔
ST. AGNES HOSPITAL	E. STREET AND NUMBER 3114 RAMBLEWOOD ROAD (21043)
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
WIDOWED DIVORCED	04/0//15 56
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR done during most of working file, even if retired)	Y 11. B)RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
JR. EXECUTIVE RAILWAY	MARYLAND U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
HARRY M. LEARY, SR.	Lola Toley
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uff yes, give war or dates of service) YES W. W. 2	ST. AGNES HOSPITAL RECORDS WILKENS AND CATON AVENUES
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE O, OR A	SA CONSEQUENCE OF: HIND CEREBRAL INJURIES SETWEN ONSET AND DEATH SETWEN ONS
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN TURY	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) office bidge, INJURY OCCUR?
21D. TIME (Months (Doyl (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROXIS & - 28 -) 3 15 While At Wark At Work At	MGHST 28 4 71 AHGHST 20 71
AUGUST 29	74
	19and that in(my) (our) apinian death accurred on the date
and have and from the causes stated above. (1) (We) (did) ((i) (Xo))	
DEGREE Ph	
23C. PHYSICIAN'S NAME (Type) BILAL QURESHI, M.D.	ST. AGNES HOSPITAL WILKENS AND CATON AVENUES
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF	
Burial 8/31/71 Loudon Park	
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAS	25C. FUNERAL DIRECTOR CHELLING JUNEVAL CALLE ADDRESS
SEP 2 1971 Jaben E. Janber, M. D.	
VS 150-REV. 1/1/68	Catomodle, Md. 21228

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VS 151-REV. 7/1/68

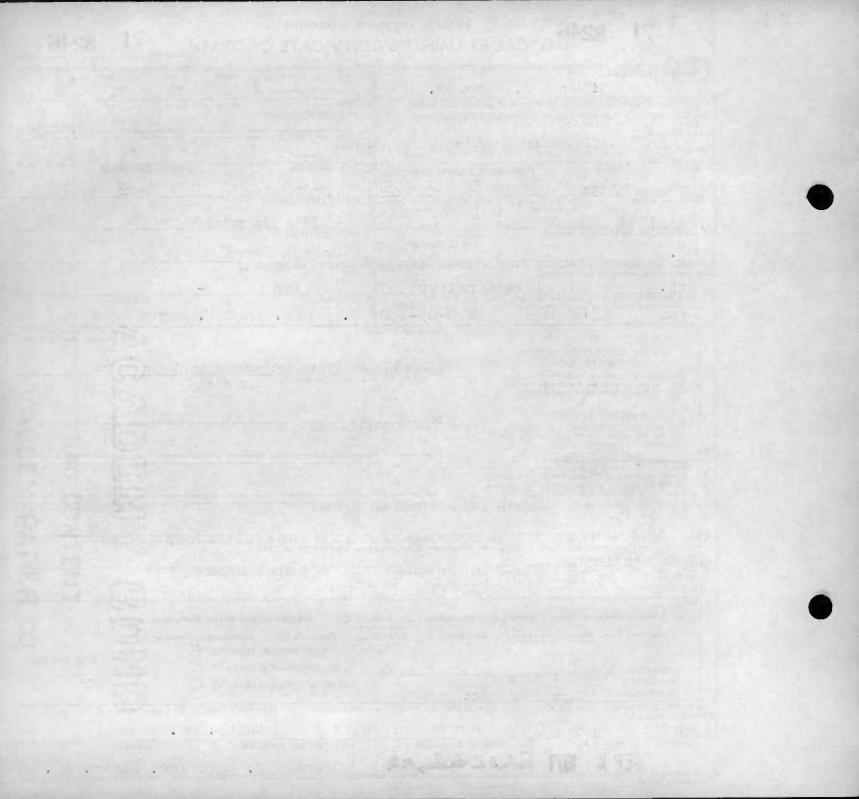
E-01 - 1 6-27/05

his constant by as Dows	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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George P. Kekenes		REG. NO.	8245
George P. Kekenes 245 CERTIFIC	ATE OF DEATH	REG. NO.	(147) 7
Type or Print) Kekenes, From P.	2. DATE AND HO	171	730 PM
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	eased lived. If instituti	on: residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md.		274
ASTITUTION	C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
Muion Memorial trospital	E. STREET AND NUMBER	1	A HOL
	Holder Ave	5314	
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH /0/21/19. AG	E (In years If	Under 1 Yr. II Under 24 Hrs. Min.
A USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUST	IN 11. SIPTHELACE ISING OF PROPER CO.	14	CITIZEN OF WHAT COUNTRY?
non-during most of working life, even Westford)	10-	24-1896	USA
retired (3) Mgr. BETTERAGE CLUB	14 MOTHER'S MAIDEN NAME		
Peter Kekenes (D)	ZANTON.	iA	?
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	3 Sohn: Peter Keker	nes 2922	APDRESS
10 2 21607147		. , ,	
DISEASE OR CONDITION DIRECTLY	Dissection of a	arrtic	BETWEEN ONSET AND DEATH
LEADING TO DEATH	aneurican		LYB
	AS A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease.	La v cattaca action at		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AN A COMPAGNICE OF		
heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)		######################################	
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20	00/1 8	246 MEDICA	BALTIMORE CITY HE.			DEATI	H	71 8	3246	
BIRTH N							KEG. 140.			
(Type or	Print)		0	2. DATE	Known 3	Month	Day	Yeor	Hour	
			Serra Sr.	DEATH	Estimoted 🗆	8	30	71	4:48	P. M.
FULL NAM	ME OF (IF N		PRONOUNCED DEAD	3. DATE PRONO	UNCED DEAD	Month 8	30	Yeor 71	4:48	Р. м.
OR INSTII		03 Pickering	Drive	A. STATE	esidence (where		ed. If institutions. COUNTY	n: residence be	fare admis	
6. SEX	7. RACE	B. MAF	RRIED NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?		
Ma1	le Whit		WED DIVORCED		201+					
	OF BIRTH	10. AGE (In years	# Under 1 Yr, II Under 24 Hrs.		Baltimore		Y	ES X N	10 🗌	
- 10	0/1/07	lost birthday)	Months Doys Hours Min.							
	3/1898	1 73	1 2 2 2 5 1 2 5		2403 Pick	ering	Drive			
Md	PLACE (State or for	eign country)	WHAT COUNTRY?	13. FATHER	seph Ser	ra				
14A.USU	AL OCCUPATION (Cong most of working lile,	ive kind of work 148. KIN	ID OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NAM	E				
Re		1 5	taunateur	Li	llian					
16. WAS	DECEASED EVER I	N U.S. ARMED FORCE	ES? 117. SOCIAL	18. INFORM			A	DDRESS		
(Yes, no or	es WW	e yor or dotes of service	216-05-850	8 A.	Mrs. An	na F.	Serra	Same		
19.	6 10 11	•	CAUSE OF DEA		711 0 6 7111	110 1 6	DOLLE		OXIMATE IN	TERVAL
1	1 / 2 /		CAUSE OF DEA	111					EN ONSET A	
he	LEADING	ne mode of dying, e.g., atc. It means the disease,	DUE TO OR A	AUSE AT	ceriosclere	otic c sease	ardiova	scular	****	
RIS	ANTECEDEN SEASES OR CONDI SE TO THE ABOVE O NDERLYING COND	TIONS, IF ANY, GIVING	(B) DUE TO, OR A	AS A CONSE	QUENCE OF:					
O TO	THER SIGNIFICANT CO THE DEATH BUT NO SEASE OR CONDITION	ONDITIONS CONTRIBE	JING							
1204		N GIVEN IN PART 1 (A).				**************			
20A.	DATE OF OPERATIO). FOR WHICH OPERATION WA	AS PERFORM	ED	-		21. AUTOP	SY? (Yes o	r No)
10000	DATE OF OPERATION		.).	AS PERFORM	ED	-	***************************************	100		r No)
22A. UND UIIN	EXTERNAL CAUS DERLYING OR CO	ON 208. CONDITION	.).	In or about 2	2C. WHERE DID (II	in Boltimore	City, give exa	Yes		r No)
22A. UND UTIN 22D. OF IN	EXTERNAL CAUS DERLYING OR CO NG CAUSE OF DI	ON 208. CONDITION	228. PLACE OF INJURY (e.g., home, form, loctory, street, office	In or about 2 bldg., etc.)	2C. WHERE DID (II			Yes		r No)
22A. UND UTIN 22D. OF IN	EXTERNAL CAUS DERLYING OR CO NG CAUSE OF DI TIME (Month) NJURY	ON 20B. CONDITION E WAS NTRIB- EATH.	228. PLACE OF INJURY (e.g., home, form, loctory, street, office	In or about 2 bldg., etc.)	2C. WHERE DID (H			Yes		r No)
22A. UND UTIN 22D. OF IN (APP)	EXTERNAL CAUS PERLYING OR CO GO CAUSE OF DI TIME (Month) NJURY ROX.)	ON 208. CONDITION EE WAS INTRIB- EATH. (Day) (Year) (Ho	228. PLACE OF INJURY (e.g., home, form, loctory, street, office with Mile AT WORK NOT	In or about 2 bidgs, etc.) II	2C. WHERE DID (II NJURY OCCUR? 2F. HOW DID INJI and that on thi	ury occu	leath In my	Yes (Iocotlan)		r No)
22A. UND UTIN 22D. OF IN (APP)	EXTERNAL CAUS PERLYING OR CO GO CAUSE OF DI TIME (Month) NJURY ROX.)	ON 208. CONDITION E WAS NTRIB- EATH. (Day) (Year) (Ho	228. PLACE OF INJURY (e.g., home, form, loctory, street, office with MATERIA M	In or about 2 bldg., etc.) II WHILE ORK	2C. WHERE DID (II NJURY OCCUR? 2F. HOW DID INJU and that on thi micide U	s basis, a	leath In my	Yes (Iocotlan)		r No)
TAD UND UTIN 22D. OF IN (APPR	EXTERNAL CAUS DERLYING OR CO GO CAUSE OF DI TIME (Month) JURY ROX.) I certify that I resulted fram:	ON 208. CONDITION EE WAS INTRIB- EATH. (Day) (Year) (Ho	228. PLACE OF INJURY (e.g., home, form, loctory, street, office with MATERIA M	In or about 2 bidg., etc.) II WHILE ORK Hopsy & Hoputy (2C. WHERE DID (III NJURY OCCUR? 2F. HOW DID INJU and that on thi micide U CHIEF MEDICAL EX	s basis, o	leath In my	Yes	5	
TY 222A. UND UTIN 22D. OF IN (APPR	EXTERNAL CAUS PERLYING OR CO GO CAUSE OF DI TIME (Month) NJURY ROX.)	ON 208. CONDITION EE WAS INTRIB- EATH. (Day) (Year) (Ho	228. PLACE OF INJURY (e.g., home, form, loctory, street, office with MATERIA M	WHILE 2 WHOSE HOUSE	2C. WHERE DID (II NJURY OCCUR? 2F. HOW DID INJU and that on thi micide U	s basis, o	leath In my	Yes	ATE SIGN	HED
TYO 222A. UND UTIN 22D. OF IN (APPI	EXTERNAL CAUSE DERLYING OR CO IG CAUSE OF DI TIME (Month) VIJURY ROX.) I certify that I resulted from: ACTUAL SIGNATURE EXAMINER'S	ON 208. CONDITION E WAS NITRIB- EATH. (Day) (Year) (Ho held an Inquiry Notural causes	228. PLACE OF INJURY (e.g., home, form, loctory, street, office will work with the most of	In or obout 2 bidg., etc.) II WHILE ORK Hopsy L ASSI:	2C. WHERE DID (III NJURY OCCUR? 2F. HOW DID INJU and that on thi micide U CHIEF MEDICAL EX	s basis, ondetermin	leath In my	Yes	5	HED
222A. UND UTIN 22D. OF IN (APPI	EXTERNAL CAUSE DERLYING OR CO IG CAUSE OF DI TIME (Month) NJURY ROX.) I certify that I resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ON 208. CONDITION E WAS NIRIB- EATH. (Day) (Year) (Ho held an Inquiry Notural causes M Werner U	228. PLACE OF INJURY (e.g., home, form, loctory, street, office will work with the most of	In or about 2 bidg., etc.) II WHILE ORK Hopsy & Hoputy (and that on this micide Uther MEDICAL EXTENT MEDICAL EXCIPTION	s basis, ondeterminicaminer [leath In my	Yes	ATE SIGN	HED
Z22A. BUR REMOVA	EXTERNAL CAUSE PERLYING OR CO GO CAUSE OF DI TIME (Month) NJURY ROX.) I certify that I resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) RIAL CREMATION, AL (Specify)	ON 208. CONDITION E WAS NITRIB- EATH. (Day) (Year) (Ho held an Inquiry Notural causes	228. PLACE OF INJURY (e.g., home, form, loctory, street, office will be a compared by the comp	WHILE 2 WHILE ASSIST	and that on the micide UCHIEF MEDICAL EXTENT MEDICAL EX	s basis, ondetermine AMINER AMINER AMINER	ieath In my ed manner [X] (City, town	Yes	ATE SIGN	HED L
Z22A. BURREMOVA	EXTERNAL CAUSE PERLYING OR CO GO CAUSE OF DI TIME (Month) NJURY ROX.) I certify that I resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (Type) RIAL CREMATION, AL (Specify) rial	ON 208. CONDITION E WAS NTRIB- EATH. (Day) (Year) (Ho held an Inquiry Notural causes. Werner U 248. DATE 9/3/71	22B. PLACE OF INJURY (e.g., home, form, loctory, street, office with work in the median in the media	WHILE ORK HOPSY K ASSIGNATION CREMATO	and that on the micide Uther Medical excitate Medical excitation and the medical excitation a	s basis, ondetermine AMINER (AMINER AMINER AMINER COCATION	ieath in my ed manner [X] (City, town	Yes act locotion) apinion 3	PATE SIGN	HED L
Z22A. BURREMOVA	EXTERNAL CAUSE PERLYING OR CO GO CAUSE OF DI TIME (Month) NJURY ROX.) I certify that I resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) RIAL CREMATION, AL (Specify)	ON 208. CONDITION E WAS NIRIB- EATH. (Day) (Year) (Ho held an Inquiry Notural causes Werner U. 248. DATE 9/3/71 H DEPT. 258. 1	228. PLACE OF INJURY (e.g., home, form, loctory, street, office will be a compared by the comp	while outy (ASSI: ASSO OF CREMATO Faith 25C. F	and that on the micide UCHIEF MEDICAL EXTENT MEDICAL EX	s basis, ondeterminiaminer (AMINER (AMINER (AMINER (AMINER (AMINER (leath In my ed manner [X] (City, town Md.	Yes apinion 8-	PATE SIGN - 31-71 (Stot)	HED L





IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

U5A

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

ADDRESS

If Under 24 Hrs.

prince a more than the contract of the contrac

eath

IMPORTANT

DIRECTOR:

FUNERAL

proved

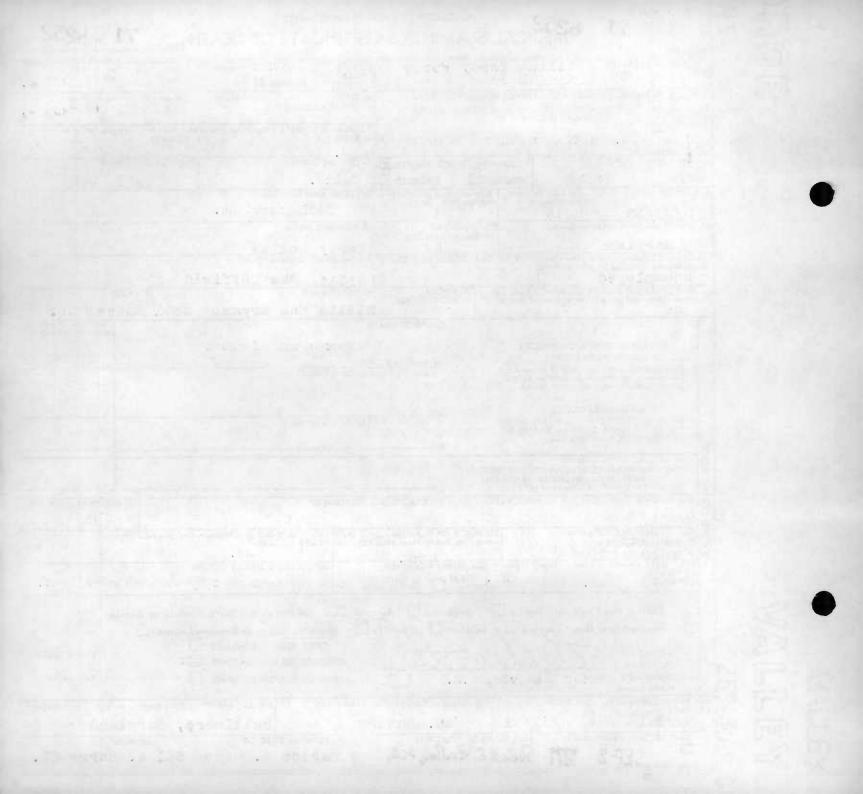


1	1-120	71 825	50		HEALTH DEPARTMENT	REG. NO.	1 8250
1. N	TH NO.	ASED				AND HOUR OF DEATH	** ***
(Тур	e ar Print)	KATHERIN	e s.	MABUS		ust 31,1971.	Marie, A
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE 8. COL	here deceased lived. If in	estitution: residence before admission)
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	STITUTION, GIVE STREET	Md.	D. INS	IDE CITY LIMITS? 2605
-	Balt	timore City	Hospi	tals	Baltimore		YES 🐴 NO 🗌
-		Eastern Av			E. STREET AND NUMBER	N	
5. S	Ba	1to 21224, M	d.		6801 Eastbro		
F	emale	White	WIDOW		Sept. 15, 1904	9. AGE (In years last birthday)	If Under 1 Yr. It Under 24 Hrs. Months Days Haurs Min.
done	USUAL OCCUI	ATION (Give kind af work orking life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Retin		Se	hool Teacher	Philadelph	ia. Pa.	U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN N		0.00
		Benjamin	Schaf	fer	Kat	herine Lutz	
5. \ Yes	Nas Deceased E	ver in U. S. Armed Ford If yes, give wor or dote	es? s of service	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
	No			214-40-5246	Carol L. Bril	hart:7001 E.	Baltimore St.#24
		OR CONDITION DIR	ECTLY	CAUSE OF DEAT	_ Terminal Ca	200	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not heart lailure, o	l mean the mode of sthenio, etc. Il means icotion which caused	the diseas	-9. DUE TO, OR AS	SE CONSEQUENCE OF:	ncer	l year
	At	NTECEDENT CAUSES		(p)			
	rise to the	CONDITIONS, il abave couse (A) CONDITION last,	ny, givi slaling l	ng DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	***************************************
NOI	OTHER SIGNIFIC	II ANT CONDITIONS CONBUT NOT RELATED TO THE	NTRIBUTIN	G			
	DISEASE OR CO	NDITION GIVEN IN PART PERATION 198 CONI WAS PERF	I (A).	***************************************	20A. AUTOPSY? (Yes or I	10 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
AL	21A. ACCIDENT OR CONTRIBUTE DEATH (notify n	WAS UNDERLYING DINO CAUSE OF	i i	21 B. PLACE OF INJURY (e.g., lands, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(II in Boltimare	e City, give exact location)
MEDI	21D.TIME (OF INJURY (APPROX.)	Manthi (Dayi (Year)	,	While At Not While Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify th	nat (1) (this haspital)	attended	d the deceased from		_19ta	19
						hat In(my) (our) apli	nlan deoth occurred on the dote
				(1) (We) (did) (did nat) v			The second secon
	23A. SIGNATURE						23 B. DATE SIGNED
	W	mma the	na at	DEGREE Phys	ding Med.	Staff Phys.	
	23C. PHYSICIAN NAME (Typ	ARTEMI	o A	A DEGREE	3D. ADDRESS 3501 Fait Ave.		A WA
24A	BURIAL CREM			NAME of CEMETERY OF CRE			
	KEWOVAL (Sp.	ecify)	240.				y, lawn, or county! (State)
25A	Buria DATE REC'D B	9-3-71 Y HEALTH DEPT.	258 NA 44	Oak Lawn Ceme			lvd., Ba.Co., Md.
	-	EP 2 1971	Robert	E, MaiBey, M.D.	25G FUNERAL DIRECTO	eiler Balto	Eastern'AVE.
VS 1	50-REV. 1/1/68			Y.	1 6 1 A		

VS 150-REV. 1/1/68

5.30	20		BALTIMORE CITY	HEALTH DEPARTMENT	1-9.	1 8251
BIRTH NO.	71 82	51	CERTIFICA	TE OF DEATH	REG. NO.	T 950T
I. NAME OF DE				2. DATE	AND HOUR OF DEATH	
(Type or Print)		J.C.	Robert Scott	8/3	1/7/	2.55 P M
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. It in	stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSP	TAL OR INSTIT	TUTION, GIVE STREET	Maryland		1402
INSTITUTION			al Complex	C. CITY OR TOWN	D. INS	DE CITY LIMITS?
39	2600 Lib			Baltimore E. STREET AND NUMBER		YES XX NO
			and 21215	1115 Shield		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr., If Under 24 Hrs.
Male	Black	WIDOWED	DIVORCED	6-9-24	last Highday)	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of wo	rk 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
Unemploy	working life, even it refired			Baltimore, Man		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N		U.J.A.
Wes	sley Scott			Susie	Scott	
	Ever In U. S. Armed Fo	rees?	16. SOCIAL	17. INFORMANT	20000	ADDRESS
no	SS# 212-18		911-18-4689	Mrs. Sarah Sco	++ (W.E.)	
18. 4/	7 31	3-9848	CAUSE OF DEAT		orr (wire)	Same APPROXIMATE INTERVAL
DISEA	SE OR CONDITION D	RECTLY				BETWEEN ONSET AND DEATH
471.1	LEADING TO DEATH		(A) IMMEDIATE CAU	SE CHF. d	me to ASHD	2 US
heart failure.	nol meon the mode o asthenia, etc. Il meon	s the disease.	/ /	A CONSEQUENCE OF:		
injury or cor	nplication which cause	d death.)	_	1 . 1 /		
	ANTECEDENT CAUSE		(B) Cur	rum of du	w	4 yes
rise fa fh	OR CONDITIONS, if above cause (A)	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION last.		(C)			
2	П					
TO THE DEAT	ICANT CONDITIONS CO	HE TERMINAL				
19A. DATE OF	ONDITION GIVEN IN PA	IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE E	INDINGS CONSIDERED
21A ACCIDE	WAS PE			No	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBE	NT WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Boltimore	City, give exact location)
DEATH (notify	medical examined	etc.	of long latery, siedy an	ice blogs, heroki OCCOK:		
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hous) 21 &	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX)		Whi	le At Not While	'		
22. I certify	that (1) (this hospito	l) ottended th	ne deceased from	8/23/71	19 7/ to 8	/31/7/ 10
1	lost saw the deceas		/1			Ion death occurred on the date
ond hour one	from the couses sto	ted obove. (I) (We) (did) (did not) vi	ew the body ofter deoth		The desired on the dela
23A. SIGNATU	RE					238, DATE SIGNED
0	3. Van au	mi	DEGREE Phys.	ding Med.	Staff Phys	0/3//21
23C. PHYSICIA NAME IT	N°S		2	3D. ADDRESS		() () ()
	BOON	UANA	8/N	Provide	md Hosp	Bally, Md.
A. BURIAL CRE	MATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE		1-1	, lown, or county) (Slote)
Buria		1	Mt. Calvery	, 1	Brooklyn, M	arvland
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIRECTO		ADDRESS
	SEP 2 BV	1 Vaber	E. Valley M.D.	Charles A.	Rice 661	W Barre St.

VS 151-REV. 3/1/68



171 825 MEDICAL EXAMINER'S						
NAME OF DECEASED	2. DATE Known XX	Month	Doy	Year	Hnur	
Evelyn Newman	OF DEATH Estimated	8	27	71	7:45	P . M
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD	Month 8	Day 27	Yeor		D . 44
23 2 1 W. Lexington St.	5. USUAL RESIDENCE (Where A. STATE Md.	deceased liv				ssion)
SEX 7. RACE 8. MARRIED NEVER MARRIED			D. INSIDE	CITY LIMITS	37	
female Negro widowed Divorced				YES 🗌	NO 🗆	
DATE OF BIRTH 2/1/22 10. AGE (in years Wonder 1 Yr. II Under 24 Months Days Haurs 1	Hrs. E. STREET AND NUMBER 2321 W. Le	xingto	n St.			
BIRTHPLACE (State or loreign country) South Carolina 12. CITIZEN OF WHATCOUNTRY?	13. FATHER'S NAME Robert Epps					
A.USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDU						
neducing most of working life, even if reffred) HOUSOWII S		Mills				
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	T-1		DDRESS		
no 579=28=67		Epps	2321		APPROXIMATE	
Injury or complication which coused death.) ANTECEDENT CAUSES	OR AS A CONSEQUENCE OF:					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	OR AS A CONSEQUENCE OF:			[21. AIII]	COPSV9 (Yea	ar Na)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERLYING CONDITION LAST	OR AS A CONSEQUENCE OF:				OPSY? (Yes	or No)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	OR AS A CONSEQUENCE OF:	I in Baltimore	City, give ex		no	ar Na)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURR WHILE AT WORK	OR AS A CONSEQUENCE OF: N WAS PERFORMED e.g., th or about 22C, WHERE DID (ill office bidg., etc.)				no	or No)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURR OF INJURY (APPROX.) 1 certify that I held an Inquiry Mille AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D.	OR AS A CONSEQUENCE OF: N WAS PERFORMED e.g., in ar about 22C. WHERE DID (in in i	URY OCCUI	eath in my	opinion	DATE SIG 8/28/71	VED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURR (APPROX.) 1 certify that I held an Inquiry Inspection XI resulted fram: Natural causes XX Accident Sun	OR AS A CONSEQUENCE OF: N WAS PERFORMED e.g., in ar about 22C, WHERE DID (in a constitution of the const	Is basis, dindetermine (AMINER [CAMINER CAMINER CAMINER LOCATION	leath in my ed manner	oct location	DATE SIG 8/28/71	VED

text and agent to the post way of the best in. CA LAND DENER SAN . S. FOREN, MAJESTINIA

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



BIRTH NO. 71 8255. CERTIFICATE OF D. 1. NAME OF DECEASED (Type or Pant) ELLIOTT, BERTINA E	DEATH REG. NO. 71 8255
(Type or Print)	2. DATE AND HOUR OF DEATH
	AUGUST 29 1971 3:37 PM
A. STATE	B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION!	
Provident Hospital Complex Baltim	123423 110
	number airview Avenue
SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIT	RTH 9, AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.
Female Black WIDOWED DIVORCED 2-7-00	lost bighday! Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC fone during most of working fife, even if refired) Unemployed Maryla	
	MAIDEN NAME
	M. Adams
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMAN (es, no or unknown) (If yes, give wor ar dates of service) SECURITY NO.	T ADDRESS
	garet Hemsom (Daughter) Same
18. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ral Hemarkage 5 Hours
tinis does not mean the made of dying, e.g., DILETO OR AS A CONSECUENC	E OF:
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
7.	-
(B) rypurusi	OTC
DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stating the	CE OF:
UNDERLYING CONDITION last. (C)	
1	200 000 000 000 000 000 000 000 000 000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
F TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	SY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
1 21A ACCIDENT WAS HADERIVING	
OR CONTRIBUTING CAUSE OF home, form, toctory, street, office bldg., INJUR etc.)	WHERE DID (If in Baltimore City, give exect focation) RY OCCUR?
21D-TIME (Month) Doyl (Year) (Hour) 21E INJURY OCCURRED 21F. H	OW DID INJURY OCCUR?
(APPROXI While At Work At Work	
	1021 11010 30 51
22. I certify that (I) (this hospital) attended the deceased from August 29	19 7/ ta August 29 19 7/
	and that in (my) (our) opinion death accurred an the date
and hour and from the causes stated above. (1) (We did) (did not) view the body of	after death.
23A. SIGNAT URE	23 B, DATE SIGNED
Khadra C. Lunaryn 4, Dagger Phys.	Med. Staff Director Phys. X August 29 1971
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	ProvIDENT HOSPITAL INC.
OEGREE	24D. LOCATION (City, town, ar county) (State)
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	15 COUNTY 15 TOWN, OF COUNTY
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	
Purial 248. Date 24C. NAME of CEMETERY of CREMATORY Burial 9/1/71 Mt. Calvary Cemeter	Ann Arandel County Md.
246. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY Burial 9/1/71 Mt. Calvary Cemeter 256. DATE REC'D BY HEALTH DEPT. 258. NAME OF MIGISTRAR 25C. FUNER.	



approved

VS 150-REV. 1/1/68

IMPORTAN

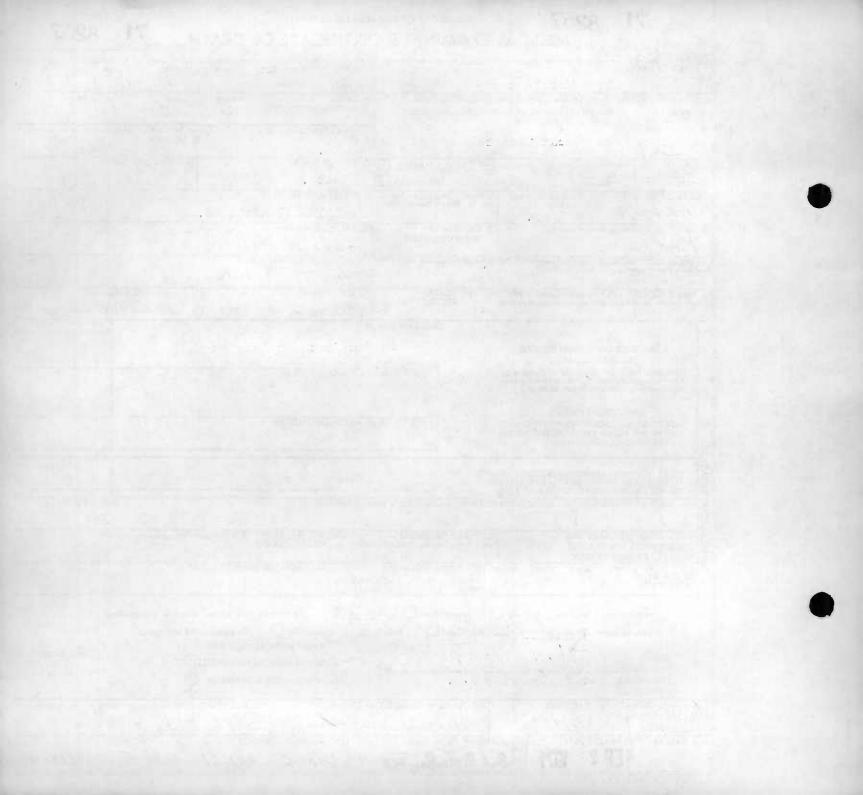
DIRECTOR:

FUNERAL

NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Bolilmore City, give exact location) and that In (my) (ever) apinion death occurred on the date 238, DATE SIGNED (City, town, or county) (Stote) ADDRESS MARC



VS 151-REV. 1/1/68



VS 150-REV. 1/1/68

6 435.	BALTIMORE CITY	HEALTH DEPARTMENT	'71	8258
BIRTH NO. 71 8258	CERTIFICAT	TE OF DEATH	REG. NO.	0200
NAME OF DECEASED (Type or Print) Virginia VIRGIE	BOLTON	2. DATE AN	31-71	620 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il instit	ution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	I d Mal	BAltimore	_	ES NO
Luthers Hospita		E. STREET AND NUMBER		xect 1504
5. SEX 6. RACE B. 7. MARR WIDOV		9-17-1890	est birthday)	Under 1 % II Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KING		1. BIRTHPLACE (State or losein		12. CITIZEN OF WHAT COUNTRY?
done during mast of working life, even if retired}		MARYLAND		
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	1E	
Basel Foote		Virginia		
15. Was Deceased Ever in U. S. Armed Ferces? (Yes,no or unknown)[ii] yes, give wor et doles of servi	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
treating or distinguish the Act of Golds of Service	SECURIT NO.	chart		
18. 5 96 9 1	CAUSE OF DEATH	-71777		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		11	011/	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAUS			
heart (eiture, esthenie, etc. It meens the dise- injury ar camplication which caused death.)	ese,	CONSEQUENCE OF:	uning Blodd	
ANTECEDENT CAUSES	ſ.	3/00/2 Long 1	winer Block	4
DISEASES OR CONDITIONS, if any, giv	DUE TO, OR AS A	CONSEQUENCE OF: PLO	of the wit	+
rise le lhe ebove cause (A) sleling	the	7300		
UNDERLYING CONDITION lest.	(C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	AL		***************************************	
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	
		YES		Ac 2
	21B PLACE OF INJURY (e.g., in heme, ferm, fectory, street, elfic etc.)	or about 21 C. WHERE DID	(II In Boltimore C	ity, give exact location)
			_	
S OF INJURY	21 E INJURY OCCURRED While At Net While	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	Work At Work			
22. I certify that (i) (this hospital) attende		wf 31 VT 1	9 74 to Dug	3 1 85 19 71
that (i) (we) last saw the deceased alive of			t in(my) (aur) opinia	n death accurred an the dete
and haur ond from the causes stated above	. (I) (We) (did) (did not) vie	w the bady after death.		
forwer h	ah Attend	ding		9.1.71
23C. PHYSICIANES	DEGREE Phys.	Director 🔲)	Shoff Dhys.	,
23C. PHYSICIAN'S NAME (Type) PARVEZ /17A	S SHAIT	LuT1	teran Itosi	TAL
24A. BURIAL CREMATION, 24B. DATE 24C	DEGREE C.NAME of CEMETERY of CREM	AATORY 124D- LO	CATION (City,	lown, or countyl (Stotel
	BASEL METHODIS	T AME		Mal
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OE REGISTRAR	25C. FUNERAL DIRECTOR	ekeys VI/le	ADDRESS
SEPZ W U4Bers	E. Jaben KD.	WMC.MA	ecH 928	E NORTH AYE

Home alless - 1916 Bentalou It

attendance on the ior to death. Such was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital was D.O.A. at a hospital (except where the physician who pronounced death was in regular attedecased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made. or his assistant if death IMPORTANT This certificate must be approved by the chief medical examiner DIRECTOR: FUNERAL the body was released to the hospital

which

REG. NO.	71	8259

7-326 17	1 , 8259		CERTIFICA	ATE OF DEA	ATH REC	3. NO. 7	1 8259	
NAME OF DECE	EASED			2.	DATE AND HOUR C	F DEATH		
Type or Print)	THATCHER	. WILLI	AM WALTER	S	08 29 71		1 7.35	A . M.
3. PLACE IN BALT	IMORE MARYLAND, V			4. USUAL RESIDEN	ICE (Where deceased	lived. If inst	itution: residence before	admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI	TAL OR INSTITUT	ION, GIVE STREET	MARYLAN	ID BALTIM	ORE	538	00
NOITUTITZNI				C. CITY OR TOWN			E CITY LIMITS?	
21 0	ST AGNES	HOSPIT	AI	BALTIMO	The state of the s		YES NO X	
in a	o i valido	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ANCIS AVE			
SEX	6. RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un	Aeote	Il Under 1 Yr. If Und Months: Doys Hours	er 24 Hrs.
MALE	WHITE	WIDOWED	DIVORCED	09 16 2	0	50		
	PATION (Give kind of wor	108 KIND OF	USINESS OR INDUST				12 CITIZEN OF WHAT	COUNTRY
	vorking life, even if refired)							
TRAINMAN		RAI	LR OAD	WEST VI			U.S.A.	
3. FATHER'S NAM	AE W.			14. MOTHER'S MA	JDEN NAME			
LONATUA	N THATCHED	24.55	Eq.	DALII INE	THEMELIAN	1)		
	N THATCHER		4 SOCIAL	PAULINE 17. INFORMANT	(HENSHAW		ADDRESS	
es, no or unknown!	(If yes, give war or dat	s of services	SECURITY NO.		S HOSPITA	1 REC	ORDS WILKE	S SN
YES	WW 2	T. 1.	579-09-9171			MD 2		.0
(This does not heart failure, a linjury or com	E OR CONDITION DI LEADING TO DEATH of mean the mode of astheria, etc. It means plication which caused INTECEDENT CAUSES R CONDITIONS, if	dying, e.p., the disease, death.)	So Pulu	AUSE S A CONSEQUENCE OF MANY AN MONTHLY AS A CONSEQUENCE	tery ll	i lure vom l Ecfro	OSS S	AND DEATH
	condition last	staling the	(tc)	V				
E TO THE DEATI	IAME CONDITIONS CON BUT NOT RELATED TO CONDITION GIVEN IN PA	HE TERMINAL	3					
	OPERATION 198 COL		HICH OPERATION	YES	(Yes or No) 208, IF Y	ES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?	
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21 & P horne, etc.)	Sorm, Society street	office bldp. INJURY O	CCUR BO	l Hu	City, give exoct locotion)	
210. TIME OF INJURY	1Month) [Doy] (Year)	(Hour) 21 & I While Work	NJURY OCCURRED Not W	hile N	DIDINJURY OCCU	le c	accide	ul
00 1 46	4 - 10 /4 - 1 - 14-				1071	75	UCT 20	271
	that () (this hospita	_			7	• AUG		9.71
						(aur) opini	on death accurred or	the date
and hour and	from the causes ste	sted abave. XIX	(We) (did) (did XX)	view the body afte	r death.			
23A. SIGNATU		we sh		ttending Med.	Stoff D		AUGUST 29	19
23C. PHYSICIA NAME (T	voel	JRESHI N	, DEGREE	23D. ADDRESS				
AA. BURIAL COR	-		ME of CEMETERY OF	-6	24D. LOCATION		, lown, or county)	(State)
REMOVAL (S Burial	MATION, 248. DATE Specify) 9-1-19		un Cemetery		Elkton			(aidie)
	BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL		,	ADDRESS	
		100						

Robert E. Jarber, M.D.

Howard H. Hubbard, 4107 Wilkens Ave. 21229

the area of the first terms of t property of the property of th the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 ./44	page 1			BALTIMORE CITY	HEALTH DEPA	ARTMENT		1-1-4	0000	
N-425	1-1-4	0260	Y	CERTIFICA	TE OF D	FATH	REG. NO.	11.	8260	
BIRTH NO.	16	000	,	CERTIFICA	12 01 0					
I, NAME OF D						2. DATE A	ND HOUR OF DEA	ATH		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NELSON	I, THE	ODORE WILLIA	M	AL	IGUST. 28	197	1 11.	2 DAM
3. PLACE IN B	ALTIMORE, MA	RYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RES	B. COU	ere deceased lived.	Il institution:	residence before	odmission)
			OTTACK DATE OF		MARYL			010	00	nala
FULL NAME (OF (IF NOT ADDRE	S OR LOCA	TION)	UTION, GIVE STREET			ITY	212		000
NSTITUTION					C. CITY OR TO		0.	INSIDE CITY		
2.2		ST. AG	NES H	OSPITAL	BALTI			YES X	NO	
Life ()	ř		111	0011176	E. STREET AN					
					518 H	JRLEY	AVE.			
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				BUSINESS OR INDUSTRY	07 19		63	12 CI	TIZEN OF WHAT	COUNTRY
	of working life, e		ION MIND OF	BOSHIESS OF HADOSIKI	III. DIRINIBAC	r famile of lot	eign country)	120	HZEN OF WHA!	CODMIKIT
	OPLATTI	-	NAVA		ILLINO	1.0		U	Δ	
3. FATHER'S N	AME	- / \	- IX- Y-		14 MOTHER'S	MAIDEN NA	ME	10.4.	2000	
ALDED	E.									
A L'REK I	NELSO	V			BERTHA	XXXXXX	KXX M. S	tine		
Was Deceas	ed Ever ie U. : wn) (If yes, give	Armed Force	087	1 & SOCIAL			NS AVES.		ADDRESS 2	1220
	whilit yes, give	war of dates		SECURITY NO.	ST. AGN	IEC HO	CDITAL D	DALLI	00000	1229
No				2 15-10-5529		ACO UN	SPITAL R	EC UKUS		
18. 2 5	0,91			CAUSE OF DEAT	1				SETWEEN ONSET	NTERVAL
DISE	ASE OR CON	DITION DIR	ECTLY		00.1	-1 () 1 1			
	LEADING 1	NTAID OT		(A) IMMEDIATE CAU	ce core	val c	MOUN	M		
	not mean th			DUE TO, OR AS		E OF:	00-10-00			
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infort of c	The Control of the Control		decili?	Mala an	19411	1//27	10 . (1	IF		
	ANTECEDEN	IT CAUSES		101 ATTUCC	4 TWV	mal	wn LT	1/		
DISEASES	OR CONDIT	TONS, if e	iny, giving	DUE TO, OR AS	A CONSEQUEN	CE OF:	1. +			100000000
	the above		stating the	Kin	MION	1110	111/11/			
UNDERLY	NG CONDITIO	ON last	1	(c) 10 C/2	VC00-3	1.000	acces 3			
	1									
OTHER SIG	NIFICANTCON	MONS CON	ITRIBUTING							
TO THE DE	ATH BUT NOT R	ELATED TO TH	ETERMINAL							
19A. DATE	OF OPERATION	119B CONE	MINON FOR	WHICH OPERATION	20A AUTOR	SYR (Yes of I	IN CERTIFYING	ERE FINDING	S CONSIDERED	
		WAS PERP	ORMED		NO		IN CERTIFYING	CAUSES OF	DEATH?	
IO THE DE DISEASE OF THE DESCRIPTION OF THE DESCRIP	ENT WAS UN	DEPLYING	218	PLACE OF INJURY (e.g., i		WHERE DID	Al to Poli	limara City o	lua avaet lacation)	
OR CONTR	BUTING _ CA	USEOF	hoπ	e, form, factory, street, of	fice bidg INJUI	NY OCCUR	fit in Boll	minore City, 9	Ive exact location)	
	tify medical exa		etc.							
21D. TIME	(Month) (Doy) (Year)	(Hous) 21E	INJURY OCCURRED	21F. F	HOW DID IN	JURY OCCUR?			
S los mines		•	2 22 1/2 1 2/2	ile At 🗀 Not Whit						
(APPROX.)			We	rk At Work						
22. 1	fy that (X) (th	is hospital	attended :	he deceased from A	IGUST 2	5	19 71 to /	HCHST	20 1	9.71_
						,	/ 1	00001	20	
				AUGUST 28				opinion de	ath occutted of	n the date
and hour	one from the	causes stat	ed obove. X	(Me) (qiq) (qiq Mot) A	lew the body	after death	•			
23A. 51GNA	4		100	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				23 B. D.	ATE SIGNED	
		11/	110/			Med.	Staff V			
A	The state of the s	W	1-6	DEGREE Phy	. '	Director L	Staff Phys.	100	28 71	
23C.PHYMI	(Type)				23D. ADDRESS					
	SERGI	O SAN	PEDRO	МП	CATON	c 1,1111	CENC AVEC	DAI	TO 10	11000
AA RIIDIAI C				DEGREE			KENS AVES			11229
REMOVA	REMATION, 24	ID. DATE	24C. N	AME OF CEMETERY OF CRI	MATURT	240.	LOCATION	(City, town,	or county)	(3)alel
Buria		-1-197	1 Lo	udon Park Ceme	eterv	Ba	ltimore, M	arvland	1	
SA. DATE REC	DO BY MEALTH		258. NAME	OF REGISTRAR		AL DIRECTO) 1 110	ADDRESS	
SA. DATE RE	SEP Z	3/1	160.01	Jaben M.D.				07 111 11		21220
	WAST.	464 4	hanens c	" VILLEDED PER	HOWAT	ги н. н	ubb ard , 41	.U/ W1I	kens Ave.	21229

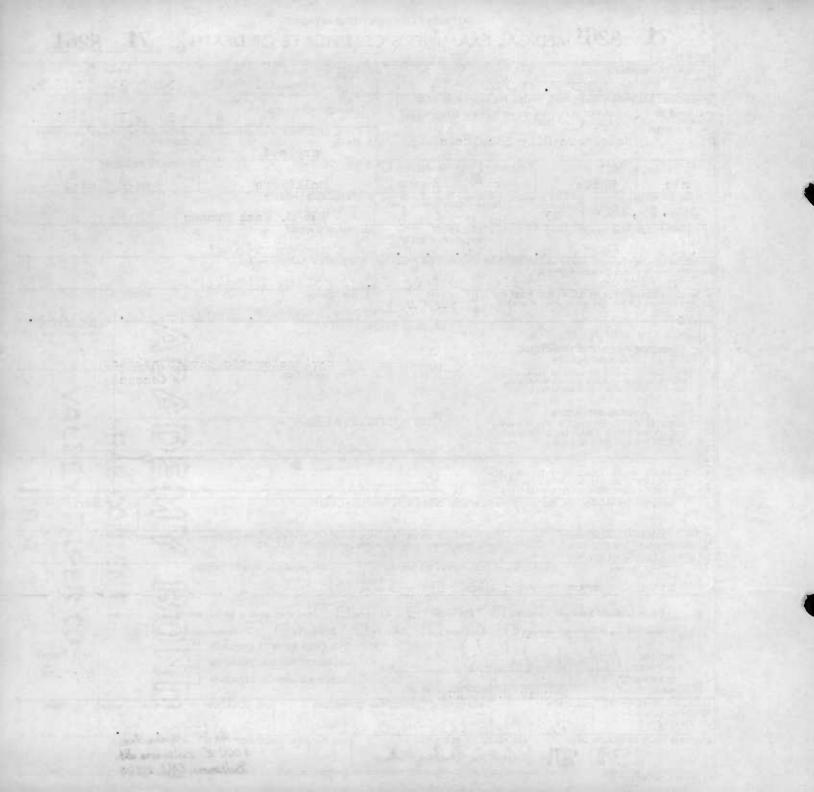
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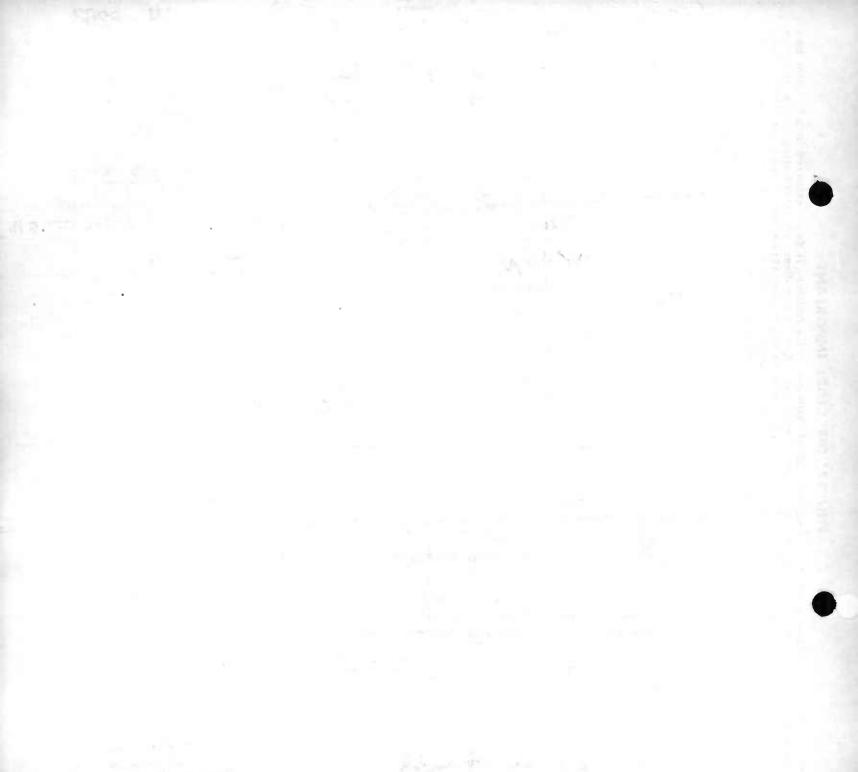
10215 and mavily tell light . The

B-24	0004		BALTIMORE CITY HE	ALTH DEPA	RTMENT				
BIRTH NO.	850TW	EDICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	71 8	3261
1. NAME OF DEC	CEASED	T-		2. DATE	Known 🗇	Month	Doy	Yeor	Hour
(Type or Print)	HENRY F	BICKE	L	OF DEATH	Estimoted	8	30	71	2:25 P. M
	LTIMORE, MARYLAND	, WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF	ADDRESS OR LO	SPITAL OR INSTIT OCATION)	UTION, GIVE STREET	PRONO	UNCED DEAD	8	30	71	2:25 P.
ORINSTITUTION	Baltimore	City Ho	spitals	A. STATE	ESIDENCE (Where	deceased liv	ed. If institutio B. COUNTY	n: residence b	2610
6. SEX	7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
Male	White	WIDOWE	DIVORCED		Baltimore		Y	ES 🖄	№ □
9. DATE OF BIRT	4 . 4	E (In years	H Under 1 Yr. II Under 24 Hrs. Nonths; Doys; Hours; Min.	E. STREET	ND NUMBER				
Aug.15	, 1004 8	7			146 S. Eas	t Aver	ue		
	State or foreign countr		2. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME				
William	s Port, F	Pa.	U. S. A.	Ch	arles B	ickel			
done during most of w	PATION (Give kind of w working life, even if retire	ork 148. KIND (OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			
u pratt	sman	197.1.1.	& Lumber Co	e Car	oline Gi	Locker	^		
(Yes, no or unknown)	ED EVER IN U.S. ARA	MED FORCES? les of service)	17. SOCIAL	18. INFORA	MANT		A	DDRESS	
No			515=09-193	Miss	Mabel M.	Bick	201-14	6S.Ea.	st Avo.
19.4/	7-1-1		CAUSE OF DEA		Wind William			API	PROXIMATE INTERVAL
DISEAS	E OR CONDITION D	IRECTLY							
-	LEADING TO DEATH		(A)IMMEDIATE C	AUSE Arte	eriosclero	tic ca	rdiovas	cular	
heart failure,	of meon the mode of , ostheria, etc. It meons application which coused	the disease.	DUE TO, OR A	AS A CONSEQ	UENCE OF:		dise	ase	
	NTECEDENT CAUSES		(B)						
DISEASES O	OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:				
II UNDERLYIN	NG CONDITION LAS	Т.	(c)						
2	11		()						
TO THE DEA	ATH BUT NOT RELATED CONDITIONS	TO THE TERMIN	AL						A
20A. DATE OF	OPERATION 20B.	ONDITION FO	OR WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
UNDERLYING	NAL CAUSE WAS OR CONTRIB-	22 he	B. PLACE OF INJURY (e.g., ome, form, foctory, street, office	In or about 2: bldg., etc.)	2C. WHERE DID (lf in Boltimor	e City, give exc	oct location)	
22D. TIME (OF INJURY (APPROX.)				WHILE	2F. HOW DID IN	URY OCCU	R?		
23.		m	WORK LAT W	OKK [1200		
	ify that I held an	-		cop sy	ond that on th		_		
result	red from: Natural	auses	Accident Suicid				ed manner		
ACTUAL	11/1/10 m	115			HIEF MEDICAL E				DATE SIGNED
SIGNATU	TAY BY STATE OF STREET	41	M.D.	ASSIS	TANT MEDICAL E	XAMINER			0 01 71
NAME (T		man II	Color M D	ASSO	CIATE MEDICAL E	XAMINER			8-31-71
24A. BURIAL CREA	MATION 1248 DATE	rner U.	Spitz. M.D.	or CREMATO	RY 24D	OCATION	(City town	, or county)	(Stote)
REMOVAL (Specific Burial	(y)	171				D 2	(City, low)	, 01 200114)	(Stote)
25A. DATE REC'D	1 - 1 - 1	25R NA	Baltimore Co	emeter		Egyt i	pore,	Md.	
	2 2 107		E. Jaben M. E.	25C. F	UNERAL DIRECTO		Baltimory	DURESS	
		hooring	in houself , was			Baltima	MI O	1204	
VS 151-REV. 3/1/68		17 11 2 7	4		3 10 ()		A COLUMN		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, 5 and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

SIRTH NO.			Drietimone City	HEALTH DEPARTMENT		74 0000
SIKIH NO.	71 0062		CERTIFICA	TE OF DEATH	REG. NO	71 8262
NAME OF DEC	EASED OCUR			DATE A	ND HOUR OF DEATH	
Tunn or Dinth	ARY V. BU	1775		6	12/71	9:20
LACE IN BA	TIMORE MARYLAND, WHE	ERE PRONOUN	CED DEAD	4. USUAL RESIDENCE INT	ere deceased lived. It in	stitutiont residence before admission)
HURCH	HOME & HOS	PITH	1	A. STATE B. COU	BALTIO	40185 361
ULL NAME OF	ADDRESS OR LOCATION	OR INSTITUTI	ON, GIVE STREET	Md		0 001
IOSPITAL OR				C. CITY OR TOWN		IDE CITY LIMITS?
(100 NO	RTH BROA	DWAG	1	The state of the s	19	YES NO
RAM	TIMORE, 1	Ma		E. STREET AND NUMBER	DALLAS	c7.=
SEX	6. RACE 7.	MARRIED _	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lest birthday)	Months Days Hours Min.
F.	W. V	MIDOWED	DIVORCED	02/12/07	64	. >
	UPATION (Give kind of work 10	& KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if reffred)		lephones	Md -	Balta	AMER-U.S.
	IPE & Switch	iboard)perator -			7
FATHER'S NA	ME . L	h .		14. MOTHER'S MAIDEN NA	1	
ANDRE	W BONTH	ON		MAR, GAR	ETL. EGA	$a\nu$.
Was Deceased	Ever in U. & Armed Forces	?	6 SOCIAL	17. INFORMANT	0 100 2 13	ADDRESS
as, no of unknown	of the second of	of service)	SECURITY NO. 911-19-0210	Mrs. Andrew BROW TIONS - NUEW	2 Walther Bonthron	Blud 2 ip-21214.
18. //	3.91		CAUSE OF DEATH	1 BROW	CHU	APPROXIMATE INTERVAL
	SE OR CONDITION DIREC	CTLY	ASVIRA	TIONS - NUEN	LONIA =	BETWEEN ONSET AND DEATH
	LEADING TO DEATH					7 dey
	not mean the mode of dy		(A) IMMEDIATE CAU		(
	osthenia, etc. It means the optication which caused de		O CVA	· 1000 m 50 5 5	(R) Artery.	
		P-G talger	O ATRII	42. FIBRICHT	ou:	n/ ic de
122-1-0	ANTECEDENT CAUSES		(B) (B) PRO	A CONSEQUENCE OF: - HMO W SOSTS 4 L FRONCE OF: BAIS LO CEREN A CONSEQUENCE OF:	312141 EMM	76/3 / 7
	OR CONDITIONS, if any		DUE TO, OR AS	A CONSEQUENCE OF:		
	e above cause (A) st G CONDITION last	runng me	(c)			
	10					
OTHER SIGNI	II FICANT CONDITIONS CONTI	PIRLITING				
E I IO THE DEA	TH BUT NOT RELATED TO THE	TERMINAL				
CIDISEASE OF	CONDITION GIVEN IN PART 1		ICH OPERATION	20A AUTOPSY2 (Yes or N	o) 208, (F YES. WERE	
19A DATE OF	POPERATION 1198 COMPLY	DAAED				FINDINGS CONSIDERED
19A-DATE O	P OPERATION 198 CONDIT	MAILE			IN CERTIFYING CA	FINDINGS CONSIDERED JUSES OF DEATH?
19A DATE OF	WAS PERFOR		ACE OF INTURVIAGE			
19A-DATE OF	MAS PERFOR	21 B. P1	LACE OF INJURY le.g., in form, factory, street, of	n or obout 21 C. WHERE DID fice bidge INJURY OCCUR?		re City, give exact location)
21A. A C CIDE OR CONTRIB DEATH (notify	MAS PERFOR	21 B. P1	LACE OF INJURY le.g., in form, factory, street, of	n or obout 21 C. WHERE DID		
19A-DATE OF	WAS PERFORMENT WAS UNDERLYING UTING CAUSE OF y medical examined	21 B. Pi home, stc.J	LACE OF INJURY le.g., in form, factory, street, of	n or obout 21 C. WHERE DID	(If In Boltimor	
21A. A CCIDE OR CONTRIB DEATH (noif) 21D. TIME OF INJURY	WAS PERFORMENT WAS UNDERLYING UTING CAUSE OF y medical examined	218, Pi home, stc.)	NJURY OCCURRED At Not White	n or obout 21 C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID IN	(If In Boltimor	
19A-DATE OF	WAS PERFORMENT WAS UNDERLYING UTING CAUSE OF y medical examined	218, Pi home, stc.)	form, factory, street, of	n or obout 21 C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID IN	(If In Boltimor	re City, give exact location)
21A. A CCIDE OR CONTRIB DEATH (noif) 21D. TIME OF INJURY (APPROX.)	WAS PERFORMENT WAS UNDERLYING UTING CAUSE OF y medical examined	218. Pi home, stc.J (Houd 216. II White Work	NJURY OCCURRED A! Not White At Work	n or obout 21 C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID IN	(If In Boltimor	
21A. A CCIDE OR CONTRIB DEATH (no.16) 21D. TIME OF INJURY (APPROX.)	WAS PERFORM INT WAS UNDERLYING UTING CAUSE OF y medical exomined (Month) (Doy) (Year) (218, Pi home, stc.J (Hous 21E, II White Work	NJURY OCCURRED A! Not White At Work	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID IN	(If In Boltimon	re City, give exact location)
21A. A CCIDE OR CONTRIB DEATH (noking 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	WAS PERFORM INT WAS UNDERLYING UTING CAUSE OF y medical examined (Month) (Doy) (Year) (y that (i) (this hospital) a) lost sow the deceased ((Hous 215 II White Work offended the offended the	NJURY OCCURRED At Not While At Work	21F. HOW DID IN	(If In Boltimos JURY OCCUR? 19 to 9 hat In(my) (our) opl	re City, give exact location)
21A A CCIDE OR CONTRIB DEATH (noish OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on	WAS PERFORM INT WAS UNDERLYING UTING CAUSE OF y medical examined (Month) (Day) (Year) (y that (i) (this hospital) a) lost sow the deceased a d from the causes stated	(Hous 215 II White Work offeeded the offeeded the	NJURY OCCURRED At Not While At Work	21F. HOW DID IN	(If In Boltimos JURY OCCUR? 19 to 9 hat In(my) (our) opl	re City, give exact location) // 19 Inlan death occurred on the date
21A. A CCIDE OR CONTRIB DEATH (noking) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	WAS PERFORM INT WAS UNDERLYING UTING CAUSE OF y medical examined (Month) (Day) (Year) (y that (i) (this hospital) a) lost sow the deceased a d from the causes stated	(Hous 215 II White Work offeeded the offeeded the	NJURY OCCURRED At Not White At Work deceased from (We) (did) (did not) v	21f. HOW DID IN 21f. How the body ofter deoth.	(If In Boltimos JURY OCCUR? 19 to 9 hat In(my) (our) opl	re City, give exact location) 19 Inlan death occurred on the date 238, DATE SIGNED
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21A. A CCIDE OR CONTRIB DEATH (nowh) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on 23A. SIGNAT	was performed with the course stored with the causes stored with the	(Hous 215 II White Work offeeded the offeeded the	NJURY OCCURRED At Not While At Work deceased from (We) (did) (did not) v	21F, HOW DID IN 22 / / / / ond the body ofter deoth	(If In Boltimos JURY OCCUR? 19 to 9 hat In(my) (our) opl	re City, give exact location) 15
21A. ACCIDE OR CONTRIB. DEATH (no.6) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on 23A. SIGNAT	was performance was performed with a common	(Hous 21E II White Work offeended the offee on d obove. (I)	NJURY OCCURRED AI Not While At Work deceased from (We) (did) (did not) v DEGREE Phys	21f. HOW DID IN 21f. HOW DID I	(If In Boltimos JURY OCCUR? 19 to 9 hat In(my) (our) opl	re City, give exact location) 19 Inlan death occurred on the date 238, DATE SIGNED
21A. A CCIDE OF CONTRIBE OF INJURY (APPROX.) 22. I certify that (I) (we end hour on 23A. SIGNAT!	was performance was performed with a cause of what (i) (this hospital) of that (i) (this hospital) of the causes stored with the causes s	(House 21E II White Work office on dobove. (1)	NJURY OCCURRED A! No! White At Work deceased from (We) (did) (did not) v M D DEGREE Phys	an or about 21 C. WHERE DID fice bidg. INJURY OCCUR? 21 F. HOW DID IN A condition of the condition of t	lif in Boltimon UURY OCCUR? 19 to 9 hat in(my) (our) opl Stoff Phys. D Lux American	re City, give exact location) 15 1 19 Inlan death occurred on the dat 238 DATE SIGNED 8-31-71 4 Hagrice myl.
21A. ACCIDE OR CONTRIB. DEATH (no.6) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we ond hour on 23A. SIGNAT) 23C. PHYSICI. NAME (AA. BURIAL CRI REMOVAL	was performed was performed with a cause of y medical examined (Month) (Day) (Year) (Y	(House 21E II White Work office on dobove. (1)	NJURY OCCURRED AI Not While At Work deceased from (We) (did) (did not) v DEGREE Physics	an or about 21 C. WHERE DID fice bidg. INJURY OCCUR? 21 F. HOW DID IN A condition of the condition of t	lif in Boltimon UURY OCCUR? 19 to 9 hat in(my) (our) opl Stoff Phys. D Lux American	re City, give exact location) 13 1 21 19 Inlan death occurred on the dat 238, DATE SIGNED 8-31-71 4 Hyprice
21A. ACCIDE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we end hour on 23A. SIGNATIVE APPROX.) 23C. PHYSICI. NAME (APPROX.) 4A. BURIAL CRI REMOVAL BURIAL CRI APPROX.	was performed was performed with a cause of y medical exomined (Month) (Doy) (Year) (Y	(House 21E III White Work offended the office on d obove. (1)	NJURY OCCURRED At Not While At Work deceased from Attended to the Physics of CEMETERY or CRE	21F, HOW DID IN 21F, H	(If In Boltimos UURY OCCURT 19 to 9 hat In(my) (our) opl Skoff Phys. 1	re City, give exact location) 15 1 19 Inlan death occurred on the dat 238 DATE SIGNED 8-31-71 4 Hagrice myl.
21A. ACCIDE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we end hour on 23A. SIGNATIVE APPROX.) 23C. PHYSICI. NAME (APPROX.) 4A. BURIAL CRI REMOVAL BURIAL CRI APPROX.	was performed was performed with a cause of y medical exomined (Month) (Doy) (Year) (Y	(House 21E III White Work offended the office on d obove. (1)	NJURY OCCURRED At Not While At Work deceased from Attended to the Physics of CEMETERY or CRE	21F. HOW DID IN 21F. H	(If In Boltimos JURY OCCUR? 19 to 9 hat In(my) (our) opl Stoff Phys. 1 LOCATION (Control of the control of	re City, give exact location) 13 1 19 Inlan death occurred on the dat 238, DATE SIGNED 8-31-71 4 Hagaine 11y, town, or county! (State)
19A. DATE OF THE PROPERTY OF T	was performed was performed with a cause of y medical exomined (Month) (Doy) (Year) (Y	(House 21E III White Work offended the office on d obove. (1)	NJURY OCCURRED At Not While At Work deceased from Attended to the Physics of CEMETERY or CRE	21F. HOW DID IN 21F. H	(If In Boltimos JURY OCCUR? 19 to 9 hat In(my) (our) opl Stoff Phys. D LOCATION (C) It is a free of the control of the c	re City, give exact location) 13 1 19 Inlan death occurred on the dat 238, DATE SIGNED 8-31-71 4 Hagaine 11y, town, or county! (State)
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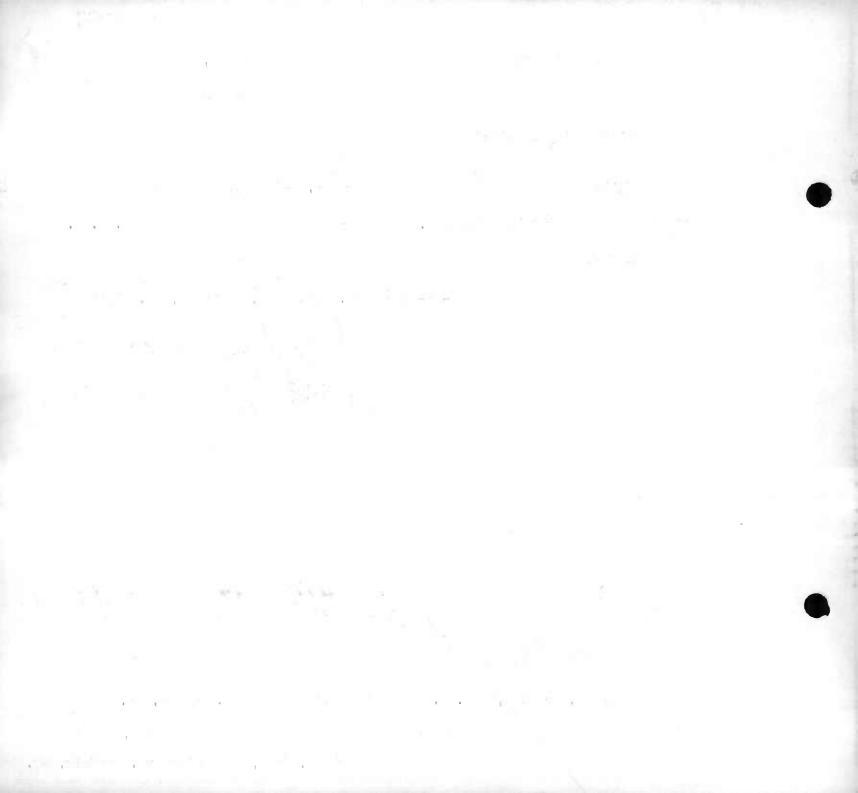


VS 150-REV. 1/1/68

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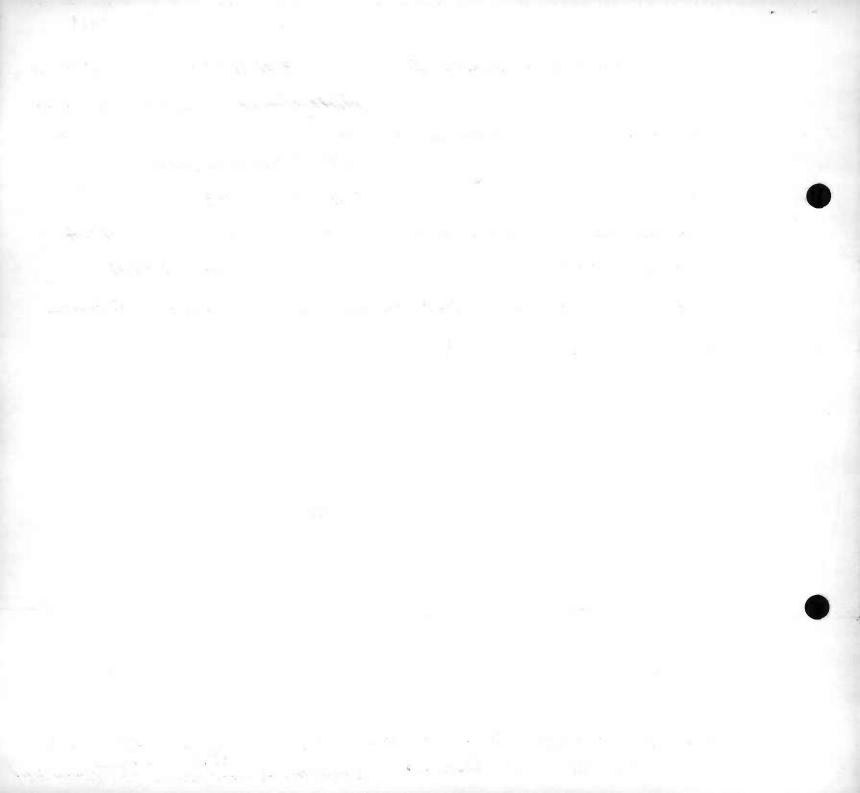
ing cause of death cause; (5) Deceased a hospital

1-140			BALTIMORE CITY	HEALTH DEPARTMENT	X "	24 0000
BIRTH NO.	71 826	3	CERTIFICA	TE OF DEATH	REG. NO.	71 8263
1. NAME OF DE	Franklin	Abel			and hour of DEATH	
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOUN	CED DEAD	IIA. STATE B. COL	YTMI	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION	ON, GIVE STREET	Maryland	Baltimore	5300
				Dundalk	D. INS	SIDE CITY LIMITS? YES \[\] NO \[\frac{24}{3} \]
	altimore City	nospitai		E. STREET AND NUMBER 3116 Bay Br	iar Road	
5. sex Male	White	WIDOWED	NEVER MARRIED DIVORCED	June 24, 1916	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of Retired	UPATION (Give kind of worl working life, even if refired). BOT!	lehem Ste	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA Fra	me ink Abel			14. MOTHER'S MAIDEN N Bessie I		
15. Wee Decease (Yes, no or unknown NO	Ever In U. S. Armed Fer Illf yes, give wor or dole	ces? 16 s of service)	security No. 213-07-7556	Mrs. Vera Abe		Briar Address Road Md. 21222
(This does heart foilure, injury at con DISEASES issee to the UNDERLYIN	SE OR CONDITION DIS LEADING TO DEATH not meen the made of asthenic, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. Il FICANT CONDITIONS CO	dying, e.g., the discose, deoth.) any, giving stoling the		A CONSEQUENCE OF:	Horo rod	Iful Nong
TO THE DEA	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 19% CON WAS PERF	TE TERMINAL T 1 (A). DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or I	10) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examines		ACE OF INJURY (e.g., ir orm, foctory, steet, ol	No no obaut 21 C. WHERE DID injury occur?		re City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doyl (Yeorl	While A	At Work		JURY OCCUR?	P
that (1) (we	that VAY (this hospital	d alive an	- 871	19 // ond the body after death	hat in (my) (our) api	nion deoth occurred an the dote
23A. SIGNATI	re vele 1	form		nding [XI] Med.	Staff Phys.	8/30/71
23C. PHYSICIA	Jose M. Yo	suico, l	DEGREE	3D. ADDRESS 608 Washington		l, Md.
Burial	MATION, 24B DATE 9/1/71		ol CEMETERY of CRE Lawn Cemeter			inore, Maryland
25A. DATE REC'D	BY HEALTH DEPT.	258 NAME OF R	EGISTRAR	John J. Dud	. 7922 Wise	Ave. Dundalk, Md.



FUNERAL

VS 150-REV. 1/1/68



70

IMPORTANT

DIRECTOR:

FUNERAL

approved

4. USUAL RESIDENCE (Where deceased lived. If institution: residence belare admission D. INSIDE CITY LIMITS? YES 🖳 Il Under 1 Yr. 12. CITIZEN OF WHAT COUNTRY? 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Baltimore City, give exect location) and that in (my) (aur) apinion deoth accurred on the date 238, DATE SIGNED (City, town, or county) VS 150-REV. 1/1/68

NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

ADDRESS

4600 Liberty

Il Under 24 Hrs. Hours Min.



D.O.A. Released by Medical, Examiner to hospital	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death Shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
		This the b show was dece

	11-110.	Y HEALTH DEPARTMENT
		ATE OF DEATH REG. NO. 1 8266
	1. NAME OF DECEASED (Type or Print) TOURL NITCON STREET	2, DATE AND HOUR OF DEATH
	JOHN NICOLETTE , S.R 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 20, 1971 11:00 A. M
		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. CQUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore 2/222
5	Baltimore City Hospitals	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO FOX
71	4940 Eastern Avenue	E. STREET AND NUMBER
	Baltimore, Maryland 21224	230 Patapsco Avenue 21222
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years last birthday) If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.
	Male White WIDOWED DIVORCED	6-15-81
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	
	MINER COPL	Italy U.S.A.
	IN PAINER 3 NAME	14. MOTHER'S MAIDEN NAME
	SAM A) I COL ETTE	SOPHIE (!)
	13. Wes Deceased Ever in U. S. Armed Fores? 116. SOCIAL (Yes, no or unknown) (If yes, give wor at doles at service) SECURITY NO.	17. INFORMANT 4940 Eastern Avenue DRESS
	3 3 3 3 1 1	BCH: Records Baltimore, Maryland 21224
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		10 Falmon and George Very
	heart foilure, asthenia etc. If means the diseases DUE TO, OR AS	A CONSEQUENCE OF:
	may as compression which caused begins	ASCUPI
	0 160 (0)	many alley D.S. 10 Ture
	DISEASES OR CONDITIONS, if days diving DUE TO, OR AS	A CONSEQUENCE OF:
	UNDERLYING CONDITION last	DP1 107495.
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	1994 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or Na) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		140
- 11	CONTRACTOR INJURY TO THE PROPERTY OF THE PROPE	n or obout 21C. WHERE DID (II in Boltimore City, give exect location)
	DEATH (natify medical examined) Compared to the control of the	
	21D TIME (Manth) (Day) (Year) (Hour 21E INJURY OCCURRED (APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
	Work L At Work	
	22. I certify that (1) (this hospital) attended the deceased from 8.	
	that (i) (we) last saw the deceased alive an 8/30	19_71and that in (my) (aur) apinian death accurred an the date
	and haur and from the causes stated above. (i) (We) (did) (did not) v	
	Kolert H. Clarel MM Atter	nding Med. Stoff D
	22C BLIVELOCA AND	Director L. Phys. L.
	Robert H. Creedh, M.D.	Baptismore City Hospitals
	4A. BURIAL CREMATION, 124R. DATE 124C NAME OF CENASTERY OF CRE	4940 Eastern Avenue Baltimore, Maryland 21224 MATORY 24th LOCATION (City, town, or county) (State)
	BURIAL (Specify) 9/3/1971 GROWS. FAITH	the state of the s
	SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTING	35C. FUNERAL DIRECTOR DO 10. D. DODRESS MAN
	SEP & 1971 Jaben E. Valley, K.D.	So Proces made, waster,
100	\$ 150_DEV 1/1/40	



certificate must be

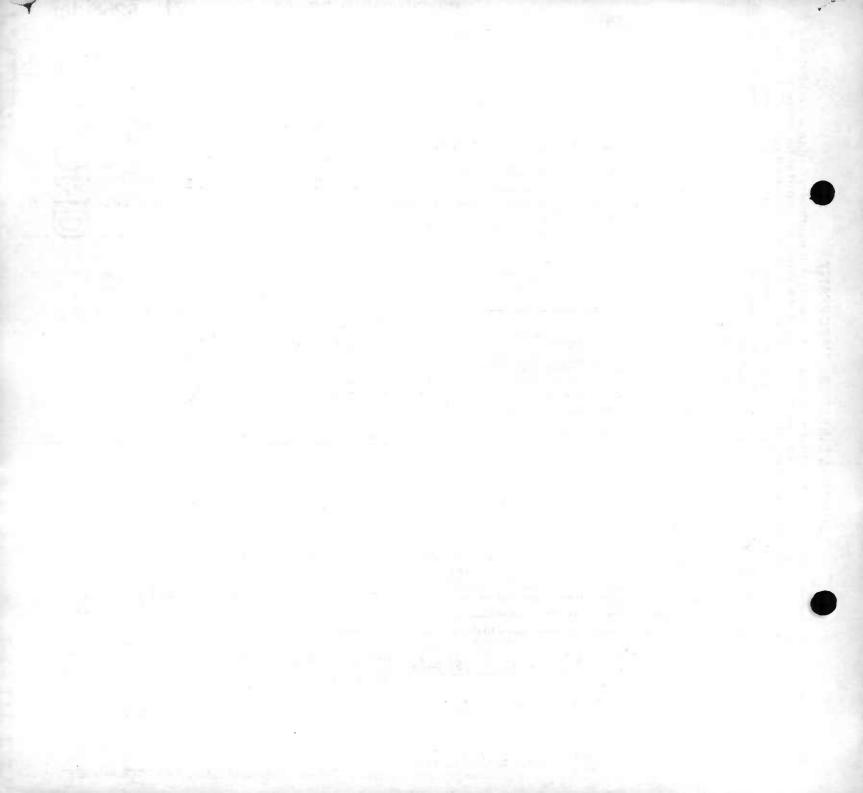
VS 150-REV. 1/1/68

REG. NO.	71	826

1-1	//		BALTIMORE CIT	Y HEALTH DEPARTMENT		171 0067	
BIRTH NO.	71 826	7	CERTIFICA	TE OF DEATH	REG. NO	1.1 0201	
1. NAME OF D (Type or Print)	WILHELM WILHELM		TAYLOR	2. DATE	AND HOUR OF DEAT	H 150	
3. PLACE IN B.	ALTIMORE MARYLAND,		TAYLOR	J. A-I	18.31.1	971 3:43 PN	
	ALIMOKE MAKILAND,	WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	hele deceased lived. If UNITY	institution: residence before admission)	
FULL NAME O	F UF NOT IN HOSPI	TAL OR IN	STITUTION, GIVE STREET	Maryland		1303	
INSTITUTION	ADDRESS OR LOC	CATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?			
			Pal himana				
51	BALTIMORE C.	n Aven	SPITALS ue	E. STREET AND NUMBER		YES X NO	
	Baltimore, N			2442 F	- Ch 0	1016	
5. SEX	6. RACE		IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	1217	
Female	Negro	WIDOV			last birthdayi	Months Doys Hours Min.	
OA. USUAL OC	CUPATION (Give kind of wor	tk JOR KIND	OF BUSINESS OR INDUSTRY	8/9/05	66 Yrs	•	
tone earning mast c	or moreting min, aven it tellied?		of positions of Habbatki		reign country!	12. CITIZEN OF WHAT COUNTRY	
Nor	T			Georgia		USA	
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN N	AME		
Georg	ge Smith						
5 Was Dasses	J. P. A. A. P.	10002	11.6 50.014	Sarah Jenki	ns		
res, no or unknow	(If yes, give wer or del	med Forces? or or doles of service) 1 6. SOCIAL SECURITY NO.		BCH RECORDS -	1910 F	ADDRESS	
						ern Avenue	
18.	- O O		CAUSE OF DEAT	H	paltimore	Maryland 21224	
DISEA	ASE OR CONDITION DI	DECTIV				BETWEEN ONSET AND DEATH	
3.02.	LEADING TO DEATH	INCCILI		11026			
(This does	nal meon the made of	dying,	(A) IMMEDIATE CAL		ic acid	oris 2 day	
heart failure	asthenia, etc. It means	the diser	ise,	A CONSEQUENCE OF:			
injury at ca	implication which caused		2 1				
	ANTECEDENT CAUSES		(0) 1)10	Loter has	11:1-	t upall	
DISEASES	OR CONDITIONS, If	any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		3 700013	
nise la li	he above cause (A)	stating					
ONDEREN	TO CONDITION IEST,		(c)	***************************************	******************		
Z							
TO THE DEA	IFICANT CONDITIONS CO	TALE TERRALANA	IG Al			=2	
DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).	***************	*******************	***************************************		
E IVA-DATE O	F OPERATION 198. CON	IDITION FO	R WHICH OPERATION	20A AUTOPSY? (Yes or	o 208 IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
OTHER SIGNI TO THE DEA DISEASE OR 19A. DATE O				res.	IN CEKIIFTING C.	AUSES OF BEATH? VES	
OR CONTRIB	ENT WAS UNDERLYING		21B. PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID	(If In Boltime	ore City, give exect lecetion	
	y modical examiner		home, form, foctory, street, of	HEO BIRD LINTURY OCCUR?			
DEATH (notif	y mourcot exominen						
DEATH (notif		/Ua. A /	N.C. INLINEW & C. C. IN.				
DEATH (notify of INJURY	Monthi (Doy) (Year		RIE INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
DEATH (notify 2) D. TIME OF INJURY IAPPROX.)			While At Not While Work	21 F. HOW DID IN	JURY OCCUR?		
21 D. TIME OF INJURY IAPPROX.)	IMonthi (Doy) (Yearl		While At Not While At Work	· 🗆		aust 31 71	
21D. TIME OF INJURY IAPPROX.)	IMonthi (Doy) (Yearly that (*) (this hospital	l) attende	While At Not While At Work At Work	August 30	19 71 to Au	gust 31	
DEATH (noise 21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (we	Monthi (Doy) (Year y that ∰) (this hospital) lost saw the decease	i) attende	While At Not While Nork Work At Work A	August 30	19 71 to AU	gust 31 19 71	
21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (we ond hour on	Monthi (Doy) (Year y that (*) (this hospital) lost saw the decease ad from the causes stat	i) attende	While At Not While Nork Work At Work A	August 30	19 71 to AU	E	
DEATH (noise 21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (we	Monthi (Doy) (Year y that (*) (this hospital) lost saw the decease ad from the causes stat	i) attende	While At Not While At Work At Work	August 30	19 71 to AU	E	
21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (we ond hour on	Monthi (Doy) (Year y that (*) (this hospital) lost saw the decease ad from the causes stat	i) attende	While At Not While At Work d the deceosed from August 31, 1 s (i) (We) (did) (did not) vi	August 30 19 71 ond to lew the body after death.	19 71 to AU	Union deoth accurred an the date	
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21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (we ond hour on	y that (1) (this hospital) lost saw the decease and from the causes state URE ANS Chu - Shin	i) attende ed olive o ted obove	While At Not While At Work At Wo	19.71 ond to the body after death. Med. Director 3D. ADDRESS	hat in the (our) op	238. DATE SIGNED	
DEATH (noise 21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (we ond hour on 23A. SIGNATI NAME (1)	y that (1) (this hospital) lost saw the decease and from the causes state URE Lu Shin Typel Chu - Shin CHU-SH	i) attende ed olive o ted obove	While At Work d the deceosed from August 31, 1 (i) (We) (did) (did not) vi (b) MD Atterphysical Attention (a) MD Attention (b) MD Attention (c) MD At	August 30 19.71 ond to the body after death. Iding X Med. Director Director D 3D. ADDRESS 4940 Easter	hat in the (our) op	23B. DATE SIGNED 8-3/-1 Baltimore Md 21224	
DEATH (noise 21D.TIME OF INJURY IAPPROX.) 22. I certify that (i) (we ond hour on 23A. SIGNATI NAME (14. BURIAL CRE	y that (1) (this hospital) lost saw the decease and from the causes state URE ANS Chu — Shin CHU-SH EMATION 1248 DATE	l) attended of live of ted obove. Chiu	While At Not While At Work At Wo	Jew the body after death. Med. Director D 3D. ADDRESS 4940 Easter Baltimore	hat inthe (our) op Stoff Phys. n Avenue	238. DATE SIGNED 8-3/-1) Baltimore Md 21224	
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			BALTIMORE CITY	HEALTH DEPARTMENT	7	1 8968	
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FULL NAME (HOSPITAL OR INSTITUTION		AL OR INSTITU	TION, GIVE STREET	Maryland c.city or town	NTY	30/	
33 The Johns Hopkins Hospital				Baltimore YES TE. STREET AND NUMBER		YES TO NO	
				1623 Gorsuch Avenue			
5. SEX	6. RACE	WIDOWED[NEVER MARRIED DIVORCED	9/6/39	9. AGE (In years last birthdoy) 31	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
done during mos	done during most of working life, even # refired) Upholsterer Furniture Co.			Halifax, N.	USA		
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	ME JERRY		
Rich	nard William	5		Florence Pr	ice		
15. Was Decous	ed Ever in U. S. Armed For	ces?	1 & SOCIAL	17. INFORMANT		2308 Windsor Ave	
NO	wni (if yes, give war or dole	s or services	SECURITY NO.	Mary Alice Co	eman,siste	r 21216	
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heart failur injury or c	re, asthenia, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION last.	the disease, death.)	(B) DUE TO, OR AS	Myscardia A CONSEQUENCE OF:	epothy		
OTHER SIGN	II NIFICANT CONDITIONS CO EATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAR	HE TERMINAL	*******************************				
	OF OPERATION 19th CON 3 7 WAS PER	DITION FOR V	rhich operation cernal ex	Yes	o) 20% IF YES, WERE IN CERTIFYING C	EFINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (if in Baltimore City, give exect location) or CONTRIBUTING CAUSE OF DEATH (notify medical examined) CAUSE OF CAUSE O							
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	ify that (t) othis hospital		e deceased from	ļ. "	.19 // ta hat in(my) (aur) ap	7/2 19-71 Dinion death occurred on the date	
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	Roha Roha	de	M.D. DEGREE	6 15 Nc	Broad	way	
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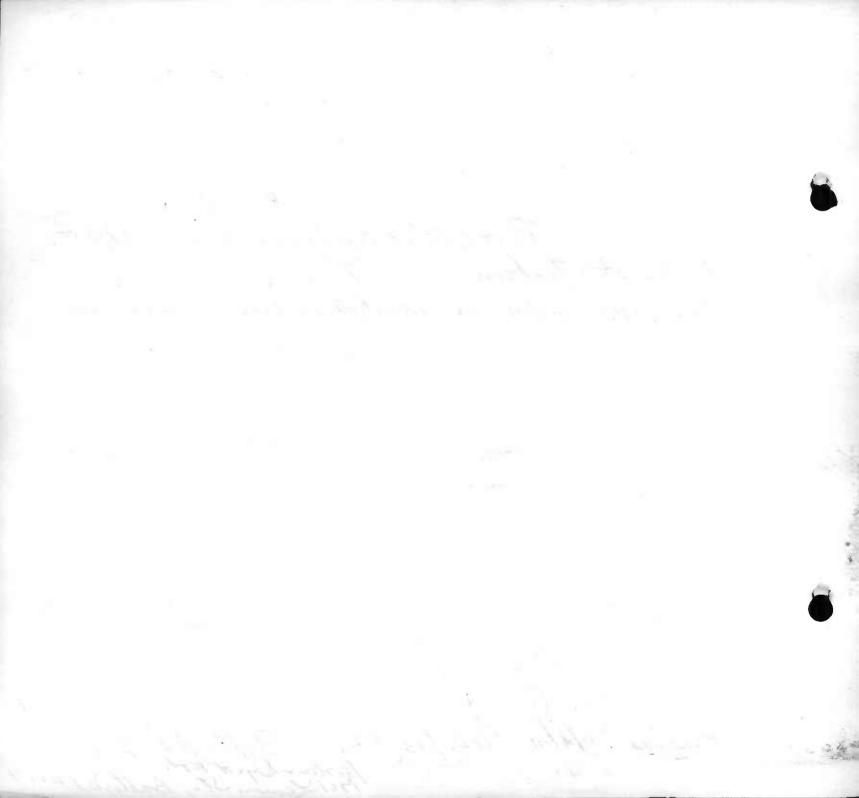


VS 151-REV. 1/1/68

9/29/71 - Correction form from funeral director. Alien Registration Card. EDDIE EDWARD ODWIN. A 19 229 958. NYC 01-13-70 SA-1 03-13-42 M.

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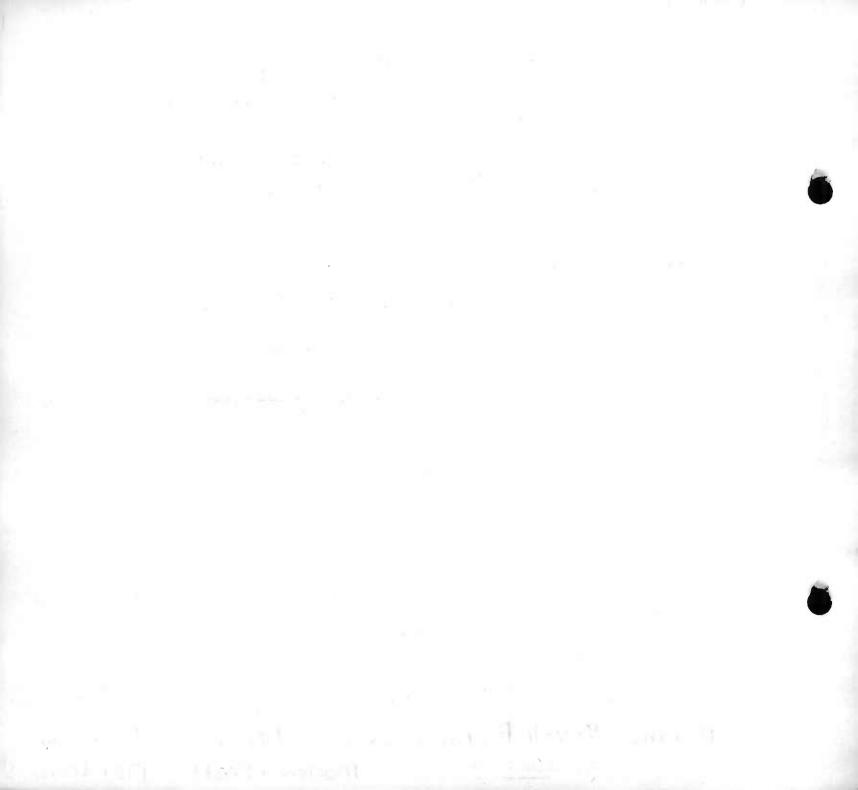
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DEATH (notify medical examines) 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED While At Work 22. I certify that (H)(this haspital) attended the deceased from	U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INTURY (e.g., in	100		
22. I certify that (H)(this hospital) attended the deceased from 25 — 19 71 to 2 — 19 7/ that (I) (met) lost sow the deceased alive on 19 7/ and that in (my) (em) apinion death occurred on the date	OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examines)	farm, loctory, street, of	ice bldg. INJURY OCCUR?	fit in bottimore City, f	give exact location)
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that (1) Lord lost sow the deceased alive on	22. I certify that (1) (this haspital) attended the	deceased from	Q-25- 19	71 to Q -	- / - 19 7/
ond hour ond from the couses stoted obove. (1) (WE) (did) (dts not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Shoff Director Phys. 9-1-7/ Phys. 23D. ADDRESS Fulluran (125m) at y (Caryland), 23C. PHYSICAN'S NAME (Type) ASON AMVEL DEGREE 23D. ADDRESS Fulluran (125m) at y (Caryland), 23D. ADDRESS Fulluran (125m) at y (Caryland), 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of GEMETERY OF CREMATORY 24D. LOCATION (Gity, 10km, or county) (Stote) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of GEMETERY OF CREMATORY 24D. LOCATION (Gity, 10km, or county) (Stote)	that (I) we lost sow the deceased alive on	9-1-	town .		oth occurred on the date
Attending Med. Shaft Officered Phys. Director Director Phys. Director Director Phys. Director Phys. Director	and hour and from the couses stated above. (1) ((did) (dtd not) vi		***************************************	
23C. PHYSICIAN'S NAME Type! JASON SAMUEL: 123D. ADDRESS Lutturan Hospital y Manyland, DEGREE Phys. Director Phys. E 23D. ADDRESS Lutturan Hospital y Manyland, PANUEL: 130, 730, Abbutus Sheet, Baltimur-ND-212/0 24D. BURIAL CREMATION, 24B. DATE 24C. NAME OF DEGREE OF CREMATORY 24D. LOCATION (Gity, 10km, or county) (Stole) Second Street Record Street Street 24B NAME OF PERSYAR 24D NAME		N D 400	Jt		ATE SIGNED
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	25A. DATE REC'D BY HEALTH DEPL 26B NAME OF	WELL A.D.	25C UNERAL DIRECTOR	JE.	ADDRESS
(7 0 H) /212/	VS 150-REV. 1/1/68		1 month	CT A	M. m/2521



9/14/71 - Correction form from funeral director.

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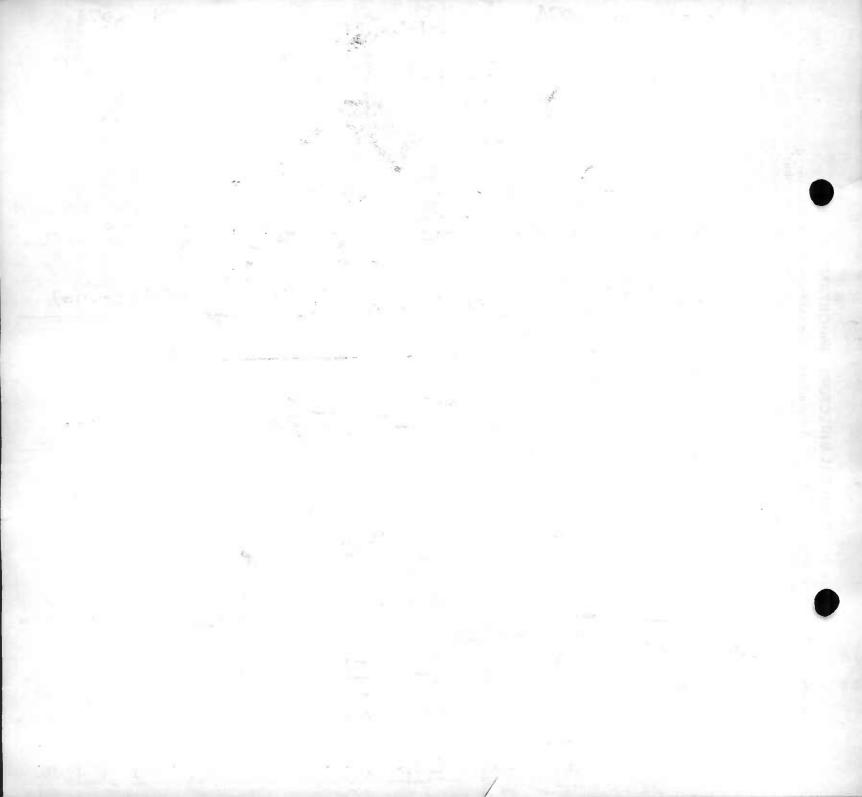
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(Type or Pri	BRI	75227	N. M	CHOIC-	2. 04	TE AND HOUR OF DEAT	/	930
3. PLACE I	N BALTIMORE	MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, if	institution; resident	ce before admission
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5. SEX	6. RACE	14/	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	88) 9. AGE (In years	If Under 1 Yr.	If Under 24 Hr
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to	HN 1	NEL-S	11	Walsh	maali)		
		J. S. Armed Fore			MARY 17. INFORMANT		ADD	2555
	known) (If yes,	give war or dole	s of service		MRS.EF	RNEST W. M	MILLER	21234
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E IIO IHE	DEATH BUT NO	NDITIONS CON	E TERMINAL	Consulant /	monasti Ra	- Gette.		
19A. DAT	TE OF OPERATE	ON 198 CON	NOT FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208 IE VES WERE	EINDINGS CONS	IDERED
19A. DA		WAS PERF	ORMED		no	or No. 208, IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH	?
21A. AC	CIDENT WAS	UNDERLYING CAUSE OF	21	B. PLACE OF INJURY (e.g., ome, form, foclory, street, o		ID (If In Beltime	ore City, give exoct	[ocotion]
DEATH	notify medical	examiner)	ho	ome, form, foctory, street, o	ffice bldg., INJURY OCCU	R?		1000110117
21D.TIM	E (Month)	(Day) (Year)	(Houd 21	& INJURY OCCURRED	215. HOW DIE	INJURY OCCUR?		
OF INJU			W	/hile AI No! Whi	• —	MAJORI OCCORI		
			I W	ork At Work	4/2	1	- 1	1/2
				the deceased from	21/20		7	19_//
		the decease		7	24/197/ an	d that In (my) (Que) ap	Inion death occ	urred on the dat
and hav	r and from th	e causes state	ed abave.	(i) (We) (did) (did (i)	lew the bady after dec	oth.		
23A. SIGI	HATURE	nn	-				23 B. DATE SIGN	JED .
(A	Mis	N Un	edley	OEGREE Phy	nding Med.	Staff Phys.	19///	7/
23C.PHY	SICIAN'S ME (Type)		1		23D. ADDRESS			
Dr.	A 19. 2	t B. Br	adley		4900 Belai	r Road		
4A. BURIAL	CREMATION,	24B. DATE		NAME of CEMETERY OF CR	No.		City, town, or count	y) (State)
Buria	_	9-4-7) Na	Tochodnol			40 10 114 01 00 011	
	EC'D BY HEAL	TH DEPT.	25B. NAME	w Cathedral	Cemetery 25c. FUNERAL DIREC	Baltimore,	AD	Md.
	SFP 2	197 34	Bert E.	CORESTRATED.	H.W.Jenk		. 4905 Y	ork Rd.
/S 150-REV	1/1/68			7.77	D.	litimore M	a 2121	2

V.S. 153 and U.S. Passport issued Muly 24, 1936 9-15-71 M.H.

IMPORTANT

FUNERAL DIRECTOR:

1	-15571 8274	BALTIMORE CITY	HEALTH DEPARTMENT	70%	4 0074				
/	TH NO.	CERTIFICA"	TE OF DEATH	REG. NO.	1 8274				
	IAME OF DECEASED								
	po or Printly KAUFFMAN, K	LAY M	2. DATE AND	HOUR OF DEATH	6450				
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution; residence before admission)				
		To he are the second	A. STATE B. COUNT	•	7714				
HO	LL NAME OF JIF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MIKYLAND		$\sim 2/1T$				
INS	πτυποΝ		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?				
7	TIC Truing Alexand	11	BALTIMORE		YES' NO				
//	HE UNION MEMORIAL A	FOSPITAC.	e. STREET AND NUMBER 46/4 Rolan	d Avenu	e.				
5. 5	EX 6. RACE 7. MARI	RIED NEVER MARRIED	DATE OF BIRTH 9	AGE (In years	if Under 1 Yr II Under 24 Hrs.				
	M. WIDON	WED DIVORCED	2-04-88	ast birthdoyl	Manths Days Hours Min.				
104.	USUAL OCCUPATION (Give kind of work 108, KIN	O OF BUSINESS OR INDUSTRE	1. BIRTHPLACE (State or fareig	n country)	12. CITIZEN OF WHAT COUNTRY?				
8.75	e during most at working life, even if retired)	WAVERLY	VIRGINI	΄Λ.	1100				
	ETIRED-COMPOSITER	PRESS'			14. S. F.				
	FATHER'S NAME	ı	4 MOTHER'S MAIDEN NAM						
1	PETER KAUFFMAN	,	SUSAN FR	215TOE	1				
15. V	Was Deceased Ever in U. S. Armed Forces? ,no or unknown! [If yes, give war or dates of servi	1 6. SOCIAL	7. INFORMANT		ADDRESS				
1162	West give war or dates at servi	SECURITY NO. 316-07-0047-4	RAYWK	AUFFMA	N (SAME)				
	18. 4/ / / 9	CAUSE OF DEATH	<u></u>		APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	<	Donasue Min	cappial Tall	CLATINAL I				
	(This does not mean the mode of dying,	(A) IMMEDIATE CAUS	ELMOHRET 1410	CARDIAC LIVI	TRION.				
	heart failure, asthenia, etc. It means the disease.								
	injury or camplication which caused death.)								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the above cause (A) stating		MICHARIA MARIA	NOU LACCIA DE	Divore				
	UNDERLYING CONDITION last.	(c) FACT EDUCS	10) ARTERIOSCIEROSIS CARDIOVASCULAR DICENTE.						
_	11								
ō	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI								
A	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL			i				
H		DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 1204-AUTOPST2 (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED.							
21		OR WHICH OPERATION	20A. AUTOPST? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED				
2	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPST? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?				
CERTIFICATION	WAS PERFORMED		Yes	IN CERTIFYING CAU	ISES OF DEATH?				
. [6	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO CAUSE OF	21B, PLACE OF INJUST (e.g., in home, form, factory, street, affic	or obout 21 C. WHERE DIO	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH? City, give exact lacotion)				
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MEDICAL	WAS PERFORMED 21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (natily medical examined) 21D. TIME (Manth) IDay) (Year) (Haurh OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attends that (I) (we) lost sow the deceased olive	218. PLACE OF INJURT (e.g., in home, form, factory, street, afficiency) 21E. INJURY OCCURRED While At Not While Mark at Work at the deceased from Office on Office Office Office on Office Office Office on Office	or oboul 21C. WHERE DIO to bldg., INJURY OCCUR? 21F. HOW OIO INJURY 3 - 30 19	(If In Baltimare	ISES OF DEATH?				
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MEDICAL	21A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined) 21D. TIME (Manth) IDay) (Year) (Haur) OF INJURY (APPROX.) 22e. I certify that (I) (this haspital) attends that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) TICLO A DETO M. REMOVAL (Specify) 246. DATE 240	218, PLACE OF INJURT (e.g., in home, form, factory, street, alliceted) 21E. INJURY OCCURRED While At Not While At Work ed the deceased from Office (i) (We) (did) (did nat) vie DEGREE Phys. 23 C. NAME OF CEMETERY OF CREM	or oboul 216. WHERE DIO the bidg. INJURY OCCUR? 21F. HOW OIO INJURY 21F. HOW OIO INJURY 30 19 19 19 19 19 19 19 19 19 19 19 19 19	(If In Baltimare RT OCCUR? To OG In(my) (our) opIn Hoff ATION (City	City, give exact lacotion)				
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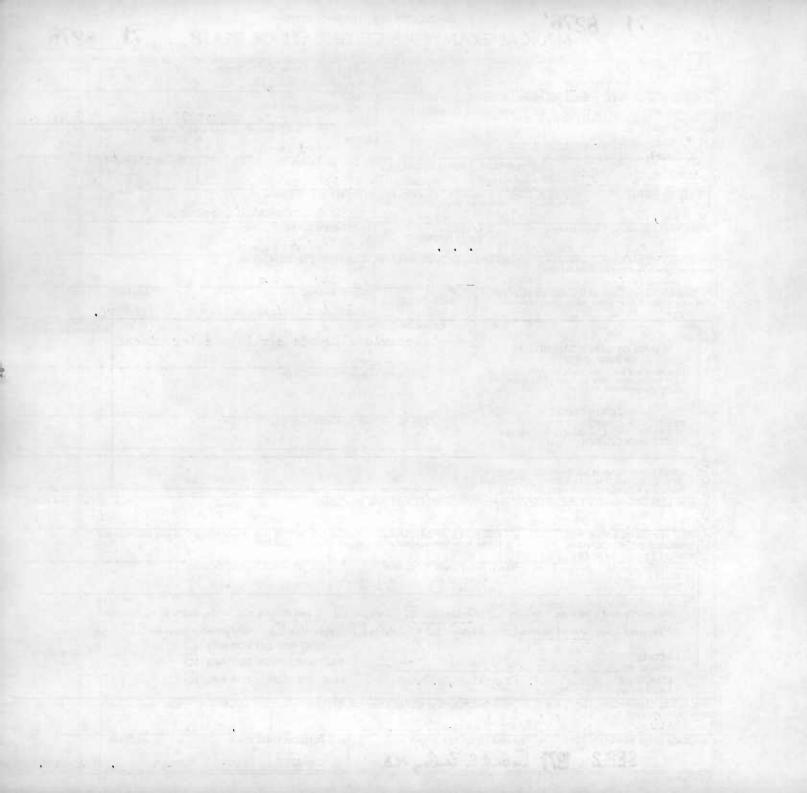
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	9	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	Į.	20	-	bal
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	his cerificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released	iows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	vritten approval must be obtained before the remains are embalmed or final disposition is made.
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1	410					BALTIMORE CITY	HEALTH DEPA	RTMENT		71 8	09'75	
BII	RTH NO.	71	8275			CERTIFICA	TE OF D	EATH	REG. NO	/1 (3610	
	NAME OF DE		0.5.0	Allic	20 .	E.		2. DATE A	ND HOUR OF DEATH	Н	10 -	30
3,	PLACE IN BA		ARYLAND, W			D DEAD	4. USUAL RES	DENCE (Wh	ere deceosed lived, if	institution: re	sidence before	odmission)
II H	JLL NAME O OSPITAL OR STITUTION	F (IF NO	OT IN HOSPITA	AL OR IN	NOITUTITES	, GIVE STREET		Kelan	d Nursing	SIDE CITY LI	ne/6	08
6	Luther,	Ash b.	Hosp, s	ð,	mary	land.	E. STREET AND	D.	0 1 5	YES 📑	NO [
5.	SEX	6. RACE	21216	7. MARI	NED N	EVER MARRIED	8. DATE OF BIR	TH.	9. AGE (In years	If Under	1 Yr. if Ur	nder 24 Hisa
	F	C		WIDO	WED	DIVORCED [NOU, 28	.81	lost birthdoyl	Months	Doys Hours	Min.
	ne during most o	of working life,	even if retired)	10B, KIN	11	NESS OR INDUSTRY	11. BIRTHPLACE	(Stole or los	eign country!	12. CITIZ	EN OF WHAT	
4		111111111111	100	ACI	Non	n		aryla			9 5	1
13.	FATHER'S N		Do.	30	54		14. MOTHER'S	MAIDEN NA DRI	ME			
15.	Wos Decease	ed Ever in U.	S. Armed Force	es?	16.5	OCIAL	17. INFORMAN				ADDRESS	
	A/D	vn/iti yes, gi	ve wor or doles	of serve	ce) S	ECURITY NO.	HONAL	Als.	NAMS			
	18. 2 5	0.9	1			CAUSE OF DEAT	14				APPROXIMATE	INTERVAL
	DISE		NDITION DIR	ECTLY			1		1	,		AND DEATH
	This does	nol meon I	he mode of	dying,	e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE		operatory	distra	<u>e</u>	
	injury or co	e, asthenia, o emplication v	elc. il means which caused	the dise deoth.i	ose,	33313, 31111		4				
		ANTECEDE	NT CAUSES			(B) A5	nullain	e	Clumne			
	DISEASES	OR COND	ITIONS, if a	iny, gi	ving		A CONSEQUENC	E OF:	Jac year			
		G CONDIT		Stotting	ine	(c) 110B	eles -	- Hy	20 dycom	10 1		*************
z			11					91				
TIOI	TO THE DEA	ATH BUT NOT	IDITIONS CON	E TERMIN	NG IAL	**************		*************				
CERTIFICATION	19A. DATE O	F OPERATIO	N 198. CONE WAS PERF	NION F	OR WHICH	OPERATION	20A. AUTOP:	Y? (Yes or N	O) 20B. IF YES, WERE	FINDINGS AUSES OF D	CONSIDERED	
EDICAL CE	21 A. ACCID OR CONTRIE DEATH Inotil	ENT WAS UIBUTING CA	NDERLYING AUSE OF		21B. PLAC home, form etc.)	E OF INJURY (e.g., i n, lactory, street, o	n or about 21 C. W fice bldg., INJUR	HERE DID	(If In Boltime	ore City, give	exoct location))
MEDI	21 D. TIME OF INJURY	(Month)	(Doy) (Year)	(Hour)		RY OCCURRED		THI DID WC	IURY OCCUR?			
2	(APPROX.)				While Al Work	Not White	• 🗆					
	1		his hospital)				Aug .	29	19 <u>/7 /</u> ta	Dieg;	3/	19_7/_
	1		the deceased			Huf , 3/	19 2		nat in (my) (aur) ap	Inlon death	occurred o	n the date
and haur and from the causes stated abave. (1) (We) (aid) (did not) view the bady after death. 23A. SIGNATURE M. D. Attending Med. Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED												
								121				
	23 C. PHYSICI NAME	AN'S (Type) FOL	NG 5	ook	K		23 D. ADDRESS	reran	Hosp	0)	narule	and.
24/	BURIAL CR	Specify	9/3/2	7 2 24	A. R.	CEMETERY OF CRE	MATORY	24D. L	OCATION (C	City town, or	country	(Stote)
25/	DATE REC'	SEP 2	1971	Pobe		abei M.D.	250 EUNER		V Phy	~ 630	ADDRESS Fagur	Committee St
VS	150-REV. 1/1	168				The same of the sa						

Adm. 3/31/91 3800 Harlem AVE.

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71	8276						
BIRTH NO. 1. NAME OF DECEASED	2. DATE Known Month Day	Year Hour						
(Type or Print)	OF FORWARD	NOO!						
LILLIAN COLLINS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH	Yeor Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	1001						
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	August 31,1971	6:45 P.						
5200 Edmondson Avenue	5. USUAL RESIDENCE (Where deceosed lived, if institution: residue. A. STATE Maryland B. COUNTY	285 4						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	MITS?						
Female White WIDOWED DIVORCED	Baltimore YES 🗵	I NO [
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. if Under 24 Hrs.	E. STREET AND NUMBER							
July 2.1893 lost birthdoy) 78 Months, Days, Hours, Min.	5200 Greenwich Acenue							
11, BIRTHPLACE(Stote or loreign country) 12, CITIZEN OF	13. FATHER'S NAME							
WHAT COUNTRY?	William Angel							
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR								
done during most of working life, even if retired)								
Housevile	Mary Sheats							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((i yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRE							
no unknown	Lillian Smith 5200 Greenwich							
19. // CAUSE OF DEA	ATH	APPROXIMATE INTERVA						
DISEASE OR CONDITION DIRECTLY Arter	iosclerotic cardiovascular diseas							
LEADING TO DEATH	CALICE							
(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease,								
injury or complication which coused death.)								
ANTECEDENT CAUSES (B)	10 1 CO. WEOUTHER OF							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:							
I UNDERLYING CONDITION LAST.								
0								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W								
≥ 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED [2].	AUTOPSY? (Yes or No						
		no						
22A. EXTERNAL CAUSE WAS 122B, PLACE OF INJURY(e.g.	, in or obout 22C. WHERE DID (II in Boltimore City, give exact loc							
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ce bidg., etc.) INJURY OCCUR?	anony						
OF INTURY	·							
(ADDOOV)	T WHILE							
23.	_							
1 certify that I held on Inquiry Inspection X Au	utopsy 🔲 and that on this basis, deoth in my opin	lon						
resulted from: Netyral causes Accident Sulci	de Homicide Undetermined manner							
1 11/1/18	CHIEF MEDICAL EXAMINER							
ACTUAL / West // //www	ASSISTANT MEDICAL EXAMINER	DATE SIGNED						
EXAMINER'S Ronald N. Kornblum, M.D.	D.	9/1/71						
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER []	,/ 1/ / 1						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	county) (Stote)						
REMOVAL (Specify)								
77.77		Maryland						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	:22						

Mc Cylly Funeral Home 130 E. Fort Ave.



LEWIS

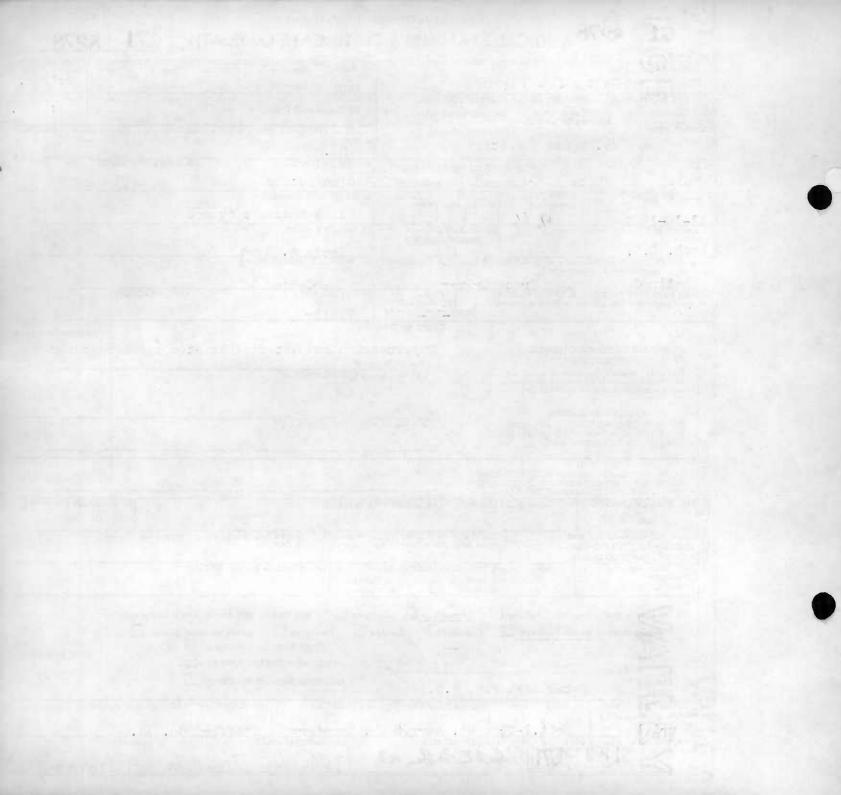
VS 151-REV. 1/1/68

GWYNN 4517 Park Heights Ave

25A. DATE REC'D I

v neerer -

Fredricks buy



R-520	BALTIMORE C	CITY HEALTH DEPARTMENT
BIRTH NO. 71 82	279 CERTIFIC	CATE OF DEATH REG. NO. 71 8279
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH
KAMSA	EX. JACQUELIA UD, WHERE PRONOUNCED DEAD	1-
3. PLACE IN BALTIMORE, MARYL	IND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admis
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS O	HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND CARROLL C. CITY OR TOWN D. INSIDE CITY LIMITS?
UNIVERSITY O	FMARYLAND	
and the same of th	ERSITY	E. STREET AND NUMBER SIGN (J
5. SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un yours If Under 1 Ye., If Under 24
F CAU	WIDOWED DIVORCED	7 12-22-26 Cost Dirithday) Menths Days Haus Mi
10A. USUAL OCCUPATION (Give kind done during most of working life, even if	of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
HOUSE WIFE	Home	TEMPLE WINNIN WER
13. FATHER'S NAME	170/12	14. MOTHER'S MAIDEN NAME
FRANCIS W		CHARLOTTE WADS WORTH
15. Was Daceased Ever in U. S. Am (Yes, na or unknown) (If yas, give war	or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS CHAM
NO	Manz	CHARTTHOMAS W. MAMSEY AS
18.	CAUSE OF DE	ATH
DISEASE OR CONDITION	2000	& AUTO PSY FINDINGS BETWEEN ONSET AND DI
LEADING TO D		CAUSE AUTOIMOUNE HEPATITIS 3 months
(This does not mean the man heart failure, osthenia, etc. It	de of dying, e.g., DUE TO, OR.	AUSE AUTOIMMUNE HEPATITIS 3 months AS A CONSEQUENCE OF:
injury or camplication which		
ANTECEDENT C	AUSES	DERALIZED AUTO CONTRA
DISEASES OR CONDITIONS	if any, giving DUE TO, OR	SERALIZED AUTDIMMUNEDIS.
rise to the above cause UNDERLYING CONDITION to	(A) slaling the	
ONDEREING CONDITION IS	st. (C)	***************************************
Z OTHER SIGNIFICANT CONDITION	IC CONTRIBUTIONS	
OTHER SIGNIFICANT CONDITION	D TO THE TERMINAL	
A IDISEASE OR CONDITION GIVEN	IN PART 1 (A). CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19E	S PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE C	ING 21B PLACE OF INJURY IS	
OR CONTRIBUTING CAUSE C	home, form, factory, street,	office bldg. INJURY OCCUR? (II In Boltimare City, give exact location)
S OF INJURY		21F. HOW DID INJURY OCCUR?
[APPROX.]	While At Not W	hile
22. I certify that (I) (this ho	spital) ottended the deceased fram	TULY 20 1971 to SEPTEMBER! 1971
that (1) (we) last saw the de	ceased alive on SEPTEMBE	K 1 19 71 and that In(my) (aur) opinion death accurred on the
and hour and from the cause	s stated above. (1) (We) (did) (did not	
23A. SIGNATURE	sidied above. () (ne) (did) (did not	
01 -1	=/ · = 5	Hending Med. Staff F2
m. N. Zm	therm M. D. DEGREE P	hys. Director Phys. 7-/-7/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS
24A. BURIAL CREMATION, 24B. DA	TE 24C. NAME of CEMETERY OF	REMATORY 24D. LOCATION (City, town, or equity) (State
BURIAL 9-	121 Darench	- Carrel Magazzaran Pa
25A. D'ATE REC'D IX HEALTH DEPL	25B-NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	971 Joben E. Jaben M. 1	25C. FUNERAL DIRECTOR ADDRESS
		6 Word CORT PROOKS Jouson Inc. Jous.



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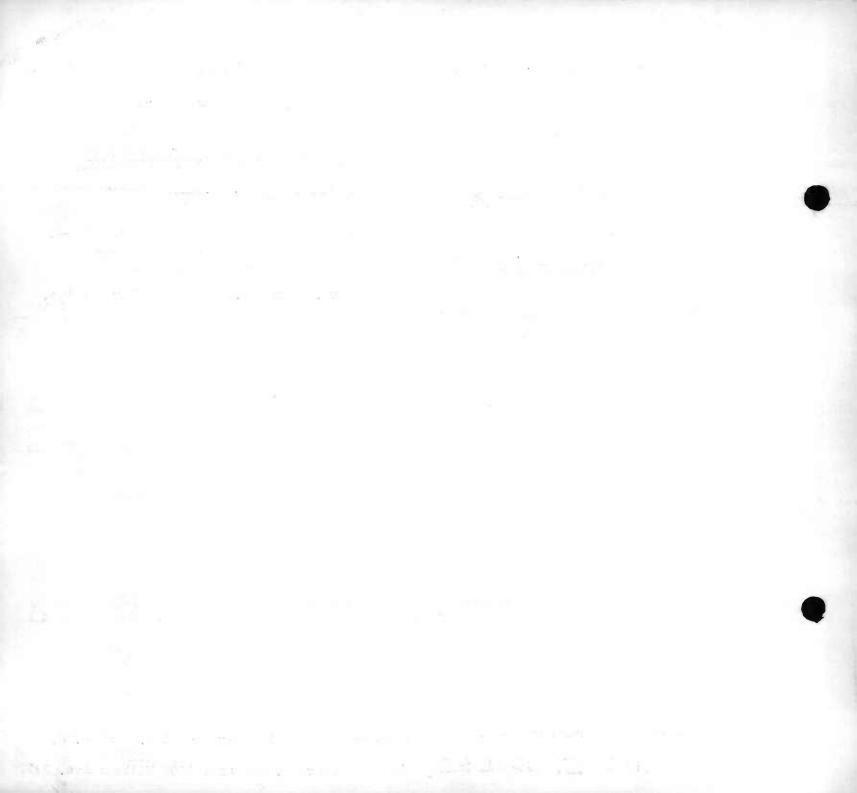
5-160		BALTIMORE	CITY HEALTH DEPARTMENT	Y					
BIRTH NO.	71 8280	CERTIFI	CATE OF DEATH	REG. NO.	8280				
I. NAME OF DEC		Δ.	2. DATE	AND HOUR OF DEATH					
(Type or Print)	nadeline M.	· Schaffer		8/30/71	10 45 AM				
3. PLACE IN BAL	TIMORE MARYLAND, WHI	ERE PRONOUNCED DEAD	A. STATE B. CO	Whore deceased lived. If institut	tion: residence before admission)				
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCATI	1	C. CITY OR TOWN	Baltimore	The second secon				
Harbor	View Nur	sing Center	13001111111	YE:	s 🛛 NO 🗌				
90		7	E. STREET AND NUMBER	9.00 ELMRH	DGE AVENUE				
5. SEX	1 1	MARRIED NEVER MARRIED WIDOWED O DIVORCED	出しまれた。これ	9. AGE (In years If Malast birthday)	Under 1 Yr. If Under 24 His.				
	1	B. KIND OF BUSINESS OR INDI		7	CITIZEN OF WHAT COUNTRY?				
Cash	The second second	Theatre	MARYLAND		U.S.A.				
13. FATHER'S NAM	JOHN ,	F. BURKET	14. MOTHER'S MAIDEN	NAME Anna Wei	linger				
1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0				
(Yes,na ar unknown)	Ever in U. S. Armed Forces (If yes, give wor at dates of	of service) SECURITY NO.	Mrs. Audre		Elmridge Ave,				
NO 18.	2/ 1/ - 5	113-12-224 CAUSE OF D	101	Chart	21229				
7/2	E OR CONDITION DIREC	9.17	PEAIR		BETWEEN ONSET AND DEATH				
	LEADING TO DEATH		CATIMMEDIATE CAUSE Centrales West						
heart failure,	ot mean the mode of dy osthenia, etc. It means th plication which coused de	o diseose, DUE TO, O	R AS A CONSEQUENCE OF:	A	>				
	INTECEDENT CAUSES	(0)	450.V,	Derence	(,				
rise to the	DISEASES OR CONDITIONS, it ony, giving ise to the obove couse (A) stating the UNDERLYING CONDITION lost.								
	II	(7/2	/ 0	- 4	***************************************				
O THER SIGNIFICATION TO THE DEATH	CANT CONDITIONS CONTI H BUT NOT RELATED TO THE DIDITION GIVEN IN PART 1	TERMINAL	Dabetes h	cellifus	·				
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A DATE OF	OPERATION 198 CONDIT	TON FOR WHICH OPERATION	20A. AUTOPSYT (Yes or	No. 208 IF YES, WERE FINDE	NGS CONSIDERED OF DEATH?				
OR CONTRIBU	T WAS UNDERLYING THING CAUSE OF medical examined	21& PLACE OF INJURY (home, form, foctory, sire	e.g., in or about 21C. WHERE DID et office bidg., INJURY OCCUR?	(If In Baltimare City	r, give exact lacation)				
21D. TIME OF INJURY	(Month) (Day) (Year) (Houd 21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?					
(APPROX.)		While At Not	White D						
22. I certify	that (1) (this hospital) a	ottended the deceased from.	Oct 9	1969 to 8/30	7/ 19				
that (I) (we)	that (1) (we) lost sow the deceased alive on 8/34 1977 and that in(my) (aur) opinion death occur								
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED									
								23C. PHYSICIAL NAME (Ty	rs Joseph
24A. BURIAL CREA REMOVAL (S Burial	9-2-1971	24C. NAME of CEMETERY o	CREMATORY 24D.		wn, ar cauntyl (State)				
2		Immanuel Cen	netery 2	809 Grinden Ave.	, Balto'Wd'				

ADDRESS

Hubbard, 4107 Wilkens Ave. 21229

H.

Howard



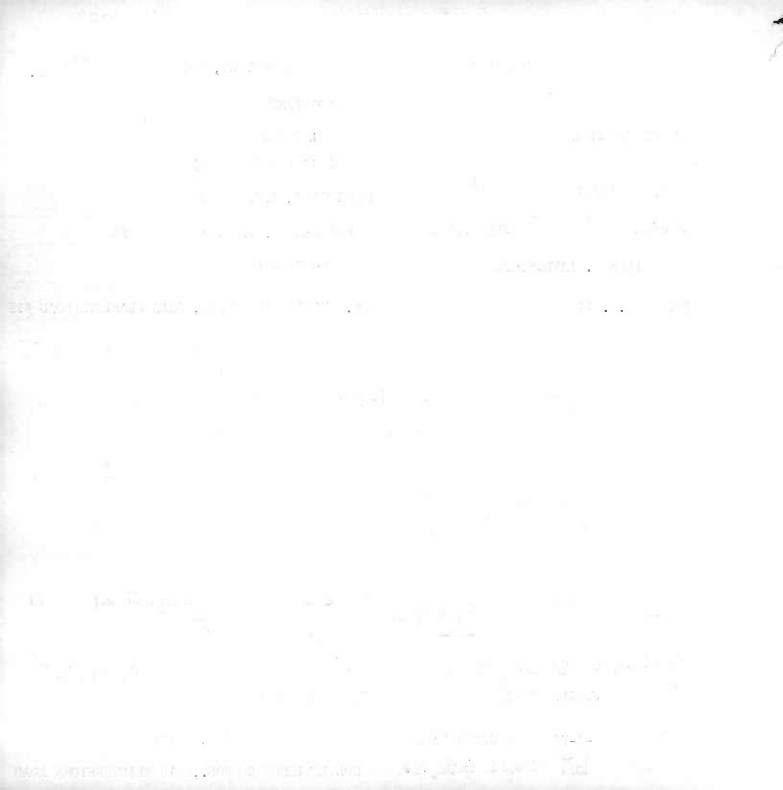
BI	5-630 , BRTH NO.	71 8281			HEALTH DEPARTMENT OF DEAT	*	71. 828:	1		
I.	NAME OF DECE ype or Printl	Billy Be		Bridgmon		TE AND HOUR OF DEATH Aug. 31, 1971	1 8:35			
	IIII NAME OF	(IF NOT IN HOSMI ADDRESS OR LOC.			A. STATE RESIDENCE (Whore deceased lived. If institution: residence belore admission Wisconsin C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	XX:	3100 Wyman Pa	arkway		Menomon E. STREET AND NUM Rt.	BER	YES N	10		
	M	RATION (Give hird of world	WIDOWED	NEVER MARRIED DIVORCED DIVORCED DUSTRY	8. DATE OF BIRTH 8/13/42	9. AGE (in years last birthday)	Months Doys	If Undor 24 Hrs.		
G	ne during most of wo ENERAL TA	BORER		CANDY CO.	Wis.		12. CITIZEN OF W			
	Leste	er C. Bridgmo				Halverson				
(Ye	Yes	ver in U. S. Armed For If yes, give war or dote USN 1960	s of service) 0-1963	397-40-1319		US PHS Hospi	tal, Balto,	_		
	(This does not heart failure, as	OR CONDITION DISTANCE TO DEATH mean the mode of sthenia, etc. It means ication which caused	dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS A	Acute no	spiratory fail	BETWEEN C	mate interval onset and death minal		
	DISEASES OR	TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last,	Inv. giving	(8) Bil (8) DUE TO, OR AS	Lateral brond	hopneumonia	Recei	nt		
CERTIFICATION	DISEASE OR CO	ANT CONDITIONS COI BUT NOT RELATED TO TH NOTION GIVEN IN PART PERATION 198 CON	E TERMINAL	Persistent	logenous leukemia in relapse (Sept.196 It septicemia, gram-neg Recent					
정	2	WAS UNDERLYING	ORMED 21 B.	PLACE OF INJURY (e.g., in b, form, foctory, street, olf	yes	ID III to Belline	FINDINGS CONSIDE USES OF DEATH? Jes City, give exoct local			
MEDI	OF INJURY (APPROX)	Month) (Doy) (Yeor)		INJURY OCCURRED Not While At Work		INJURY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased fram May 26 19 11 to Aug. 31 19 71 that (I) (we) last saw the deceased alive on Aug. 31 19 71 and that in (my) (our) apinian death occurred an the date and haur and fram the causes stated above. (I) (We) (did) (did not) view the body after death.									
	23A- SIGNATURE O'LL 23C-PHYSICIAN NAME (Type	R. Whege	if we	Atten Phys.	Director L	Sheff K	238 DATE SIGNED 9/1/71			
	REMOVAL (Spe BURIAL	9-4-71	24C.NA HIGH	ME of CEMETERY OF CREATERY		MENOMONIE, WI	ly, town, or county)	(State)		
254	SE		16Bent E	Jaber M.D.	HOWARD H.	CTOR HUBBARD 4107 W	ILKENS AVE	. 21229		

IMPORTANT

DIRECTOR:

FUNERAL

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	6.3557	1 8	284 MFD	ICAI		ALTIMORE CITY HE			DEAT	н "	71	8284
BI	RTH NO.						MEI(1111)			REG. NO.		172 0 1
Ī.	NAME OF DEC	CEASED					2. DATE	Known 4	Month	Doy	Yeor	Hour
(Ty	pe or Print)	SHE	ELDON R	OTHM	AN		OF DEATH	Estimated	8	30	71	1.45 P.
4.	PLACE IN BAL	TIMO RE, MA	RYLAND, W	HERE PR	ONOUN	NCED DEAD	3. DATE		Month	Day	Year	Haur M.
FU HC	LL NAME OF	(IF NO		LORINS		GIVE STREET		INCED DEAD	8	30	71	1:45 P. M.
	IN SHI OHO N	6624	Vince	nts 1	Lane		A. STATE	esidence (where aryland	e deceosed liv	ed. If institution B. COUNTY	: residence	before odmission
6.	SEX	7. RACE		B. MARR	IED 1	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	
	Male	Whit	-6	WIDOW		DIVORCED X	B:	altimore		VE	s 🛽	No 🗆
9.	DATE OF BIRTI		10. AGE (In	vears	If Under	I Yr. If Under 24 Hrs.		ND NUMBER			3 [4	NOL
	APRIL 13		last birthday 28	')		Days Hours Min.		524 Vince	nts Lan	e - Apt	. 101	tice file
11,	BIRTHPLACE (S	itate or foreig	n country)		12. CITI		13. FATHER	SNAME				
]	BALTIMOR	E. MARY	LAND			AT COUNTRY?	RFI	JBEN_ROTH	MAN			
144	USUAL OCCU	PATION (Give	kind of wark	48. KIND	OF BUS	INESS OR INDUSTRY	15. MOTHE	'S MAIDEN NA	ME			
agn	e during most of w EMPLO			OH.T.C.	ATESS	SEN STORE	L	ILLIE ANG	FLO			
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES	2 17.	SOCIAL	18. INFORM			A	DRESS	
(Ye	s, na or unknown)	(If yes, give w	ar or dates a	of service		SECURITY NO.	MDC B	ITILITE D	O'THE INTERIOR	6624 VI	NCENT	TAME ADT 10
-	NO	-				CAUSE OF DEA		LILLIE R	UI HIMAIN,	0024 VI		LANE, APT. 10
	571	1 6 L				CAUSE OF DEA	ın				BET	WEEN ONSET AND DEATH
		E OR COND		TLY			-					
K	A	LEADING TO						y metamo	rphosis	of liv	er	
	heort toilure,	at mean the , asthenia, etc. nplication whic	It means the	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
	An	NTECEDENT	CAHSES			4-1						
		OR CONDITIO		GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:				
	RISE TO THE	ABOVE CAL	JSE (A) STAT	ING THE								
Z	ONDEREN	AG COMPIN	ON LASI.			(c)						
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	ING NAL							
RT	20A. DATE OF	OPERATION	1 208. CON	DITION	FOR WH	ICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes ar No)
Ö	2											es
AL	22A. EXTER	NAL CAUSE	WAS		228 PLA	CE OF INJURY(e.g.,	In as about 2	C WHERE DID	fit to Doldman	City		-5
EDICAL	UNDERLYING UTING CA	OR CONT	TRIB-		home, far	m, factory, street, affice	e bldg., etc.) If	JURY OCCUR?	(it in painmar	e City, give exo	ci lacotion)	
Σ	OF INJURY	(Month) (D	oy) (Year)	(Haur) 22E.I	NJURY OCCURRED	2	F. HOW DID IN	JURY OCCU	R?	-	
	(APPROX.)				m. WHILI		WHILE ORK					
	23.				HOKI	AIW	UNN []					
	I certi	ify that I he	eld an In	quiry [In	spection Au	tapsy 🗵	and that on t	his basis,	death in my	apinian	
	result	ed from: No	atural caus	es X	Acci	dent Suicid				ed manner	_	
		1.1-			1			HIEF MEDICAL			-	
	ACTUAL	11/1/	/	1	110	Dep	uly	THE MEDICAL				DATE SIGNED

24C. NAME of CEMETERY or CREMATORY

WORKMEN CIRCLE

1258. NAME OF REGISTRAR Valley & E. Jackey M.D.

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION (City, town, ar county)

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

ADDRESS

BALTIMORE, MARYLAND

8-31-71

(State)

VS 151-REV. 1/1/68

EXAMINER'S

NAME (Type) Werner

24A. BURIAL CREMATION, REMOVAL (Specify)
BURIAL

9-2-7

25 A. DATE REC'D BY HEALTH DEPT.

Werner U. Spitz, M.D.

9-2-71

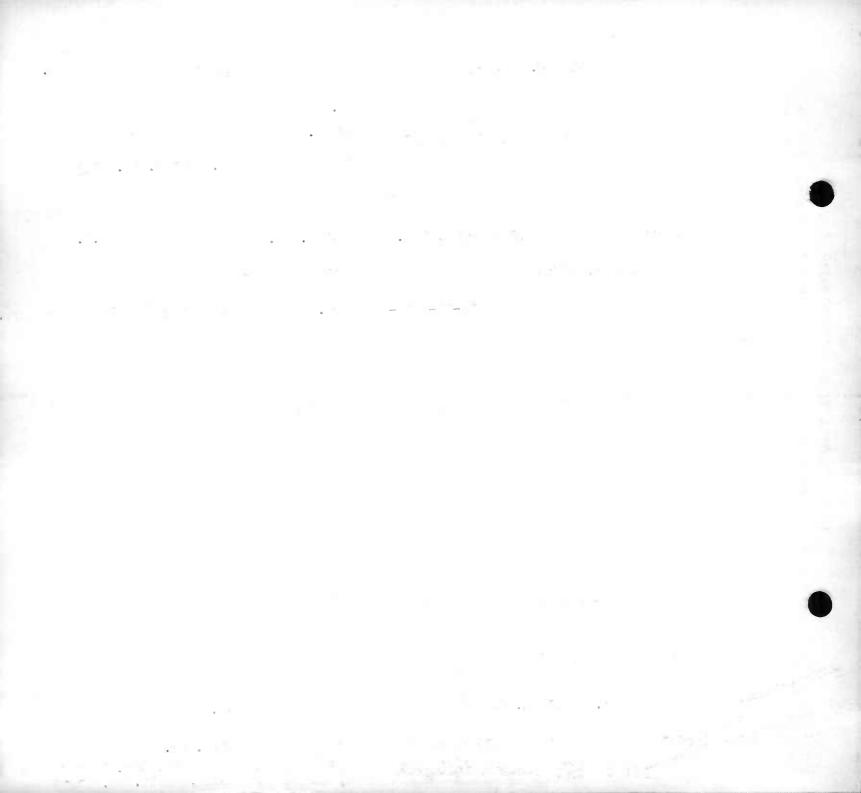
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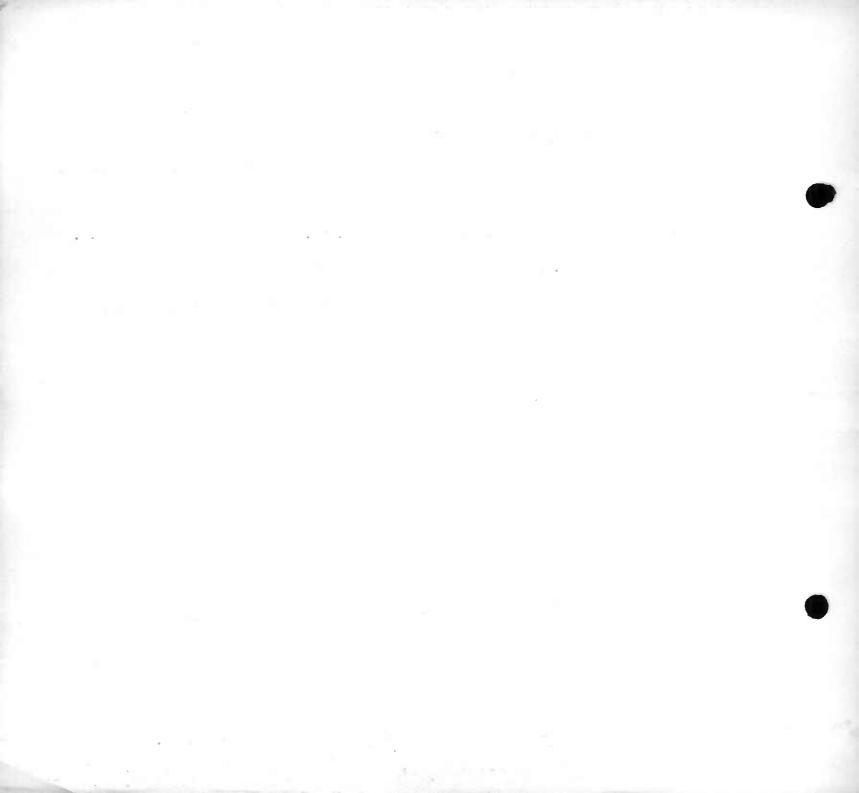
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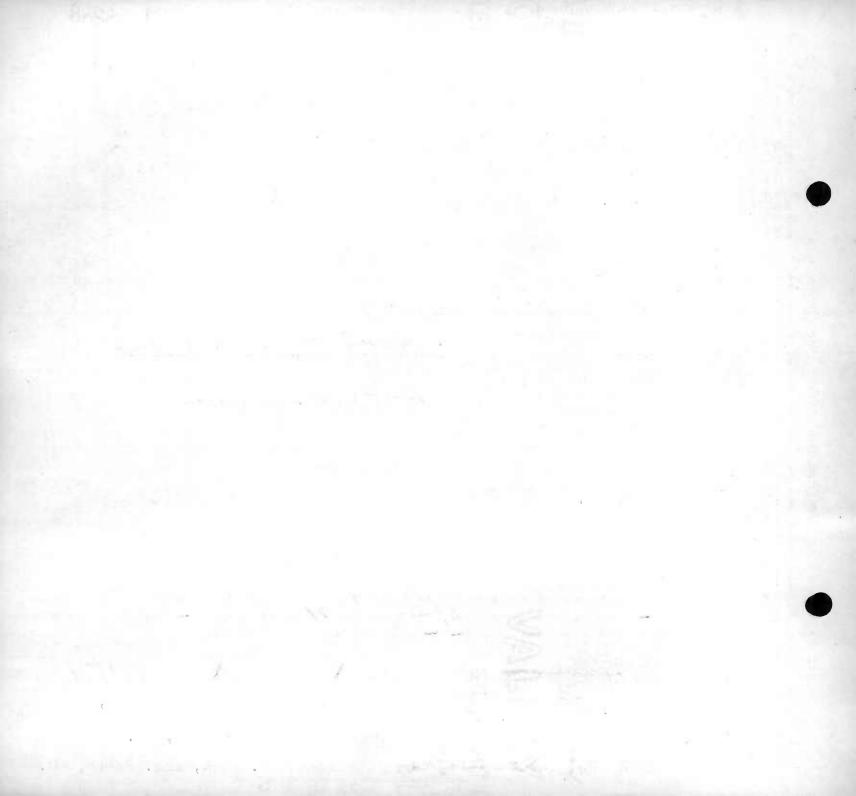
DIRECTOR:

FUNERAL

ELOC. LET JA: TO SOUTH SPECIAL ROOM







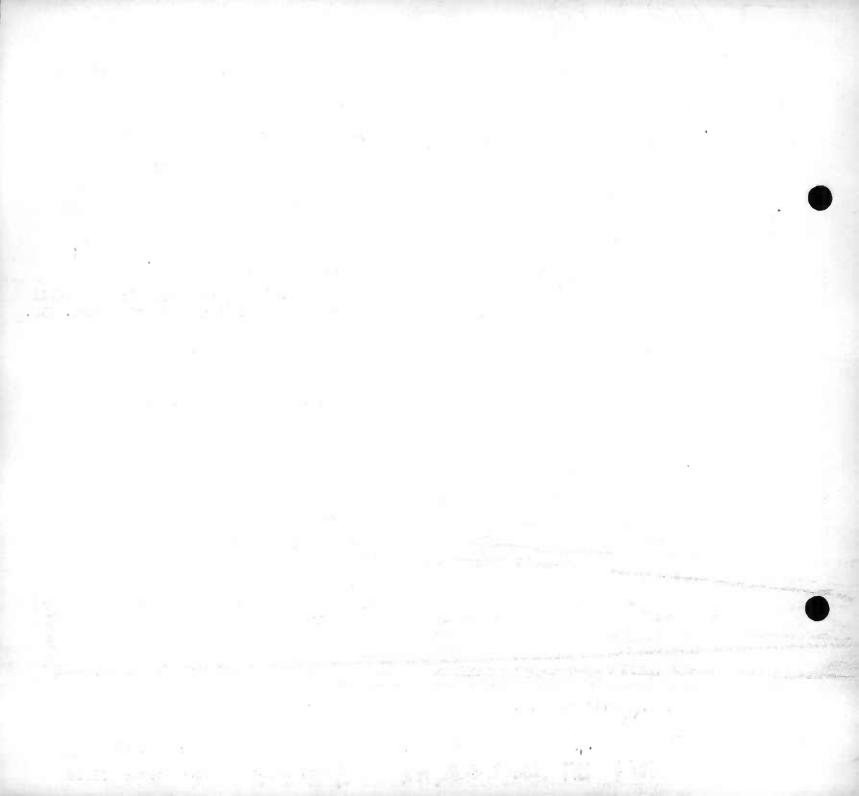
	11-320		- 00					H DEPARTMENT		'71	8289	
	RTH NO.	71	8289		C	ERTIFICA	TE C	F DEATH	REG.	NO. /1	0200	
	NAME OF DE	CEASED	A.					2. DATE A	ND HOUR OF	DEATH		
3	DI ACE IN DA	ANN	E M/	TTH	ems			8-	27 - 7	7/	18:35	M.
"	PLACE IN BA	LIIMOKE, N	ARILAND, W	HERE PRO	NOUNCED (DEAD	A. STAT	AL RESIDENCE (WI	nere deceased li	ved. If institution	residence befo	ore admission)
H	JLL NAME OF OSPITAL OR ISTITUTION		OT IN HOSPITA	L OR IN	STITUTION, G	RVE STREET	CCITY	OR TOWN			7	01
18	Md	P. a.	1	ma,	tal		12	ALT/MON	e.	D. INSIDE CITY		
R.	rific	ATI	EAM	EN	DED	-9/3/11	E. STRE	ET AND NUMBER	lien i	ca sm	g NO	
5.	SEX	6. RACE		7. MARR	ED NEVE	R MARRIED X	8. DATE	OF BIRTH	9. AGE (in ye	1 17 51	or 1 Ye . If	Under 24 Hrs.
	+	W		WIDOW	/ED	DIVORCED T	10-	7-1914	last birthday)	Manth	Doys Hau	rs Min.
dor	A. USUAL OCC ne during most of	UPATION (G	ive kind of work	IOB, KIND	OF BUSINES	S OR INDUSTRY	11. BIRTI	IPLA CE (Stote at for	reign countryl	12. CI	TIZEN OF WHA	AT COUNTRY?
11	office o		. 1	Md. C	asua] ty	Co.	V	BALTO	MA	(152	
13.	FATHER'S NA	ME			-,		14. MOT	HER'S MAIDEN NA	AME		() ()	
		Augus	t Matth	ews				Ida Foos				
15. (Ye	Was Deceased	Ever In U.	S. Armed Fare	0.57	1 6. SOCI		17. INFO				ADDRESS	
	no	,,,,,,		01 201710	3200	2-3968	7.72	774 Watt	1 /2	\ 0	/	
	18. // /	0,4	1			USE OF DEAT	H	lliam Matt	news (br	other) 3	206 Kent	LE INTERVAL
	DISEA		DITION DIR	ECTLY				4			BETWEEN ONS	ET AND DEATH
	(This does a		TO DEATH	July -	(A	IMMEDIATE CAL	ISE /	Tyo cardi	al do	autien	10	
	heort toilure.	ashenia.	Ic. If magne	ha dieac	ise,	DUE TO, OR AS			- ; - 0	170		*********
			hich caused	death.)		William as a	and a	Commen	dila-	with the	1 4 Rs	
			NT CAUSES		(B)	**********			*************		***************************************
	rise lo fh	e above	TIONS, II a cause (A)	ny, giv slaling	ing the	DUE TO, OR AS	A CONSE	QUENCE OF:				
	UNDERLYIN				(c)				***************************************		
Z	OTHER SIGNIE	CANTCON	I DITIONS CON	TOIRIITIN	IG.							
ATION	ITO THE DEAT	H BUT NOT	RELATED TO THE	FTERMIN	AL	-						
FIC	19A DATE OF	OPERATIO	198. COND	TON FO	R WHICH O	PERATION	20 A.	UTOPSY? (Yes of N	o) 20B, IF YES,	WERE FINDING	S CONSIDERE	D
CERTIFIC	21							YE ?	IN CERTIFY	NG CAUSES OF	DEATH? 4 &	5
	21A. ACCIDE	TING CA	USE OF	- 1	home, farm, f	F INJURY le.g., is aclary, street, of	ice bldg.,	21C. WHERE DID	(If In	Boltimare City, gl	ve exoct lacotio	n)
ICAL	DEATH Inglily				etc.)							
MEDI	OF INJURY	(Month) (Dayl (Year)		TE INJURY			21F. HOW DID IN.	JURY OCCUR?			
	[APPROX.]				While Al	Not While At Work						
	22. I certify	that (I) (th	is hospital)	attende	d the decea	sed fram 🕺	- 2.1	-	19 7 1 ta_	8-271		19.74
	that (1) (we)						19.	71 and th	nat In (my) (or	ur) apinion dec	th accurred	an the dote
	and have and	from the	causes state	d above	b) (eW) (i).	id) (did nat) v	iew the l	ady after death.				
	23A. SIGNATU	RE	a'	01						23B, DA	TE SIGNED	
	La	your	Q.	15h	5 M	DEGREE Phys	nding	Med.	Shaff Phys.	8%	27/71	
	23C. PHYSICIA NAME (T	N'S ypel		/			3D. ADDI	ESS			-	1.0
	6	AYAL		4	LMA	DEGREE	Md	GEN &	7015	BAUT	0 /	Md.
24A	REMOVAL (MATION, 2	B. DATE	24C	NAME of CI	METERY OF CRE	MATORY	24D. L	OCATION	(City, town,	ar county!	(Stole)
	burial		8/31/7	1	Oak Lav	wn Cemete	ry		Bal t	to. Md.		,
2SA	DATE REC'D		DEPT. 2	1 -	E OF REGISTA	EAR .		UNERAL DIRECTO		Ann	ADDRESS	
1/2	160-PEV 1/1/	EP 0	1971	aber 8	E, Jab	will.	1 X0	homusek	Tuneral	Thome 33	3/Brell	mstane

9/3/11- Correction form from french Durector Les .e a . u gene IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



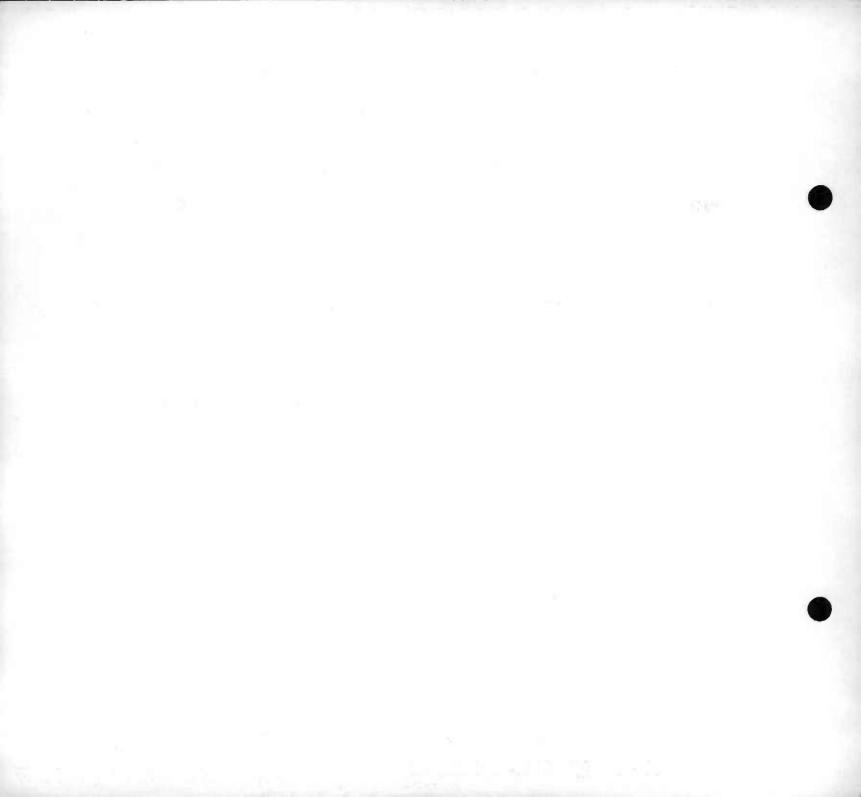
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH SEPTEMBER 1. 1971 4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before odmission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES A NO E. STREET AND NUMBER 8. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED Il Under 1 Yr. Months: Doys II Under 24 Hrs. blethdoy Hours 12/25/70 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME ANNE MARX 6. SOCIAL 17. INFORM ANT ADDRESS SECURITY NO. 22 S. ATHOL AVENUE 21229 GERMAN AGED HOME CAUSE OF DEATH BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF: 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If In Baltimore City, give exact location) 21 E INJURY OCCURRED 21F. HDW DID INJURY OCCUR? Not While While At At Wark 22. I certify that (1) (this hospital) attended the deceased fram. une ond that in (my) (our) opinion death accurred on the date and haur and fram the causes stated obove. (1) (We) (d/d) (did nat) view the bady after death. 23 B. DATE SIGNED Attending Z Med. Staff Director Phys. 23D, ADDRESS Baltimore, Maryland 21 229 Edmondson Ave. 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Loudon Park Baltimore, Maryland 21229 258, NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Witzke, 1630 Edmondson Avenue 21228

12. CITIZEN OF WHAT COUNTRY?

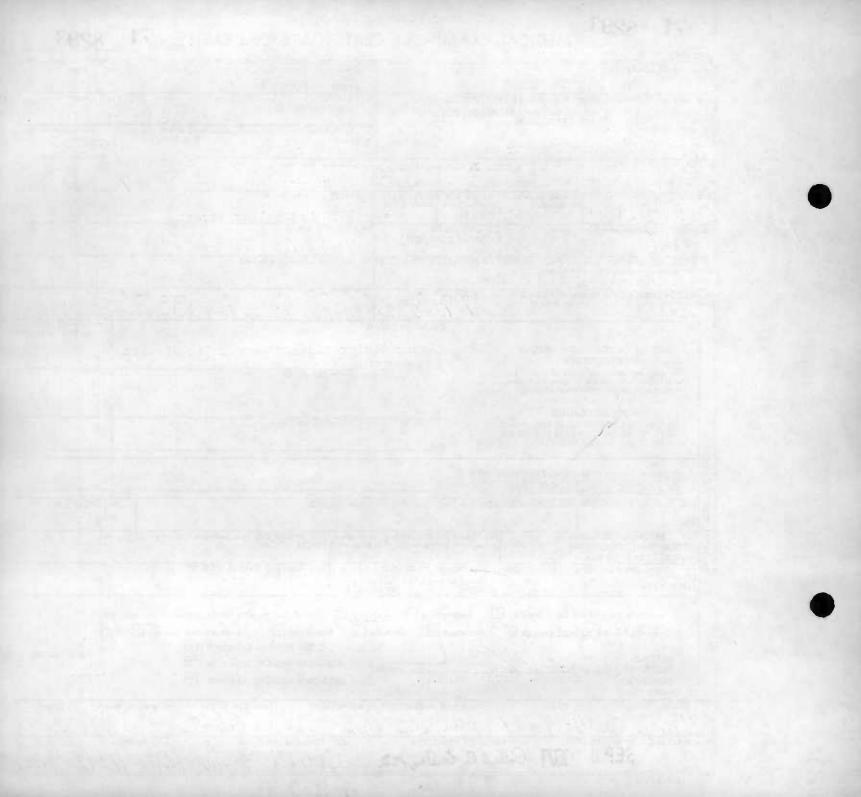
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11-115.6	BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 71 8292	CERTIFICA	ATE OF DEATH REG. NO. 71 8292
I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH
Type or Print)		
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	9-2-7/ 9:152.m.
	OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Maryland 833
NSTITUTION TO THE PROPERTY OF		Baltimore PES NO
Food Semanitan	Haspital	E. STREET AND NUMBER 25/3 F. Charco St.
SEX 6. RACE 7. A	MARRIED NEVER MARRIED	
M B w	DOWED DIVORCED	10-03-02 last birthdoy) 68 Months Doys Hours Min
A. USUAL OCCUPATION (Give kind of work 10 B. one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign, country) 12. CITIZEN OF WHAT COUN
merican Sugar		m Cualma 11 A
FATHER'S NAME ROFINERY		14. MOTHER'S MAIDEN NAME
HOCK	1977 202	Tannie
Wes Deceased Ever in U. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
xes WW. TT.	212-09-5916	alen Walker 2515 C. Charles
18. // //	CAUSE OF DEAT	
DISEASE OR CONDITION DIRECT		BETWEEN ONSET AND DE
LEADING TO DEATH		Clyphales There
(This does not mean the mode of dying	(A) IMMEDIATE CAI	USE WORLD SILVER
heart failure, asthenia, etc. It means the	disease.	A CONSEQUENCE OF:
injury or complication which caused dear	ih.J	~ M 1 A 4
ANTECEDENT CAUSES	101 Trum	and Theoder Almoney
DISEASES OR CONDITIONS, il any,	giving DUE TO, OR AS	A CONSEQUENCE OF:
inse to the above cause (A) state UNDERLYING CONDITION last		
ONDERLYING CONDITION last.	(c)	***************************************
. 11		
OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING	
DISEASE OR CONDITION GIVEN IN PART 1	A).	***************************************
19A-DATE OF OPERATION 19B- CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A-AUTOPSY? (Yes et No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inofify medical examines	21B PLACE OF INJURY (e.g., home, form, foctory, street, o	in er obout 21 C. WHERE DID Alfice bldg. NJURY OCCUR? (If In Boltimere City, give exact lecetion)
21D-TIME (Month) (Dey) (Yeor) [He	DUD 21E INJURY OCCURRED	235 MOW DID MUIEW OCCUPY
OF INJURY		21F. HOW DID INJURY OCCUR?
(APPROX.)	While At Work Not While Work At Work	
22. I certify that (I) (this hospital) att	ended the deceased from	8-5 197/10 9-2-197
that (I) (we) last saw the deceased al	ive on 9-	2 19 7 and that in (my) (aur) apinian death occurred an the d
and hour and from the causes stated a	bove. (1) (We) (dld) (dld not)	view the body after death.
23A. SIGNATURE		23B, DATE SIGNED
A.S. tennes	Ath	ending Med. Staff C
	DEGREE Phy	S. Director Phys. 7
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS
V	40000	
A. BURIAL CREMATION, 248. DATE	24C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, lown, or county) (Stote)
REMOVAL (Specify)	01 + m	PI OLL VI
Dung 7-0-11	Mulling //	m/ and allution, me.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SEP 3 1971 948	er E. Jaber, M.D.	Clarel Signed Homes (1297) Condine
150 PEN 1/1/69		



VS 151-REV. 1/1/68

2	MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.	1 8293
BIE	RTH NO.	REG. 140	
	NAME OF DECEASED oe or Print) NATHANIEL BUNCH	2. DATE Known Month Doy OF DEATH Estimoted	Yeor Hour
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HO	SPITAL ADDRESS OR LOCATION) INSTITUTION	September 1	
OK		5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	i: residence before admission)
1	1700 Montpelier Street	Maryland	901
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
	W-1- N	Poltimone	
	THE THE PROPERTY OF THE PROPER		ES NO 🗆
	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1700 Montpelier Street	
11.	BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	4
. <	1) () AWHAT COUNTRY?	1 400 1 0 B	1)
2 4 4	1. Juliana 19.0.1	Marish a Dein	ser .
don	.USUAL OCCUPATION (Give kind of work! 148. KIND OF BUSINESS OR INDUSTR	1 15. MOTHER'S MAIDEN NAME	
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. INFORMANT	DDRESS
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	1	Becoment aux
	19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	/ / × / J		
	LEADING TO DEATH	sclerotic cardiovascular disea	ise
	(A)IMMEDIATE		
	heart follure, asthenia, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	THE SAME
	ANTECEDENT CAUSES (8)		W The second
		AS A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z	(c)		
은	11		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
F	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
뜅	D 1		
ب	22A EXTERNAL CAUSE WAS 122B, PLACE OF INITIRY (e.g.,		yes
EDICAL		, in or obout 22C. WHERE DID (If in Baltimore City, give extee bldg., etc.) INJURY OCCUR?	ict location)
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT	I WHILE []	
	23.	WORK []	
	_	. IV and also also best a local to	
		utopsy and that on this basis, death in my	opinion
	resulted from: Natural causes X Accident Suici	de Undetermined manner (
	(1) 12.11, 1	CHIEF MEDICAL EXAMINER	D
	ACTUAL / Les / / Les	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE RONALD N. KORNDLUM, M.D.	,	9/1/71
	NAME (Type)	ASSOCIATE MEDICAL EXAMINER [9/1//1
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town	n, or county) (State)
	MOYAL (Speelfy)	7 20 1 0 1	, or county) (sidie)
	Burel 7-4-11 achitis	Dom For Cilibely	mr.
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DDRESS
	SEP 3 1071 Pake & F. Ja Ro. 20 20	C11. 11 1. 11.1	11000 6.0



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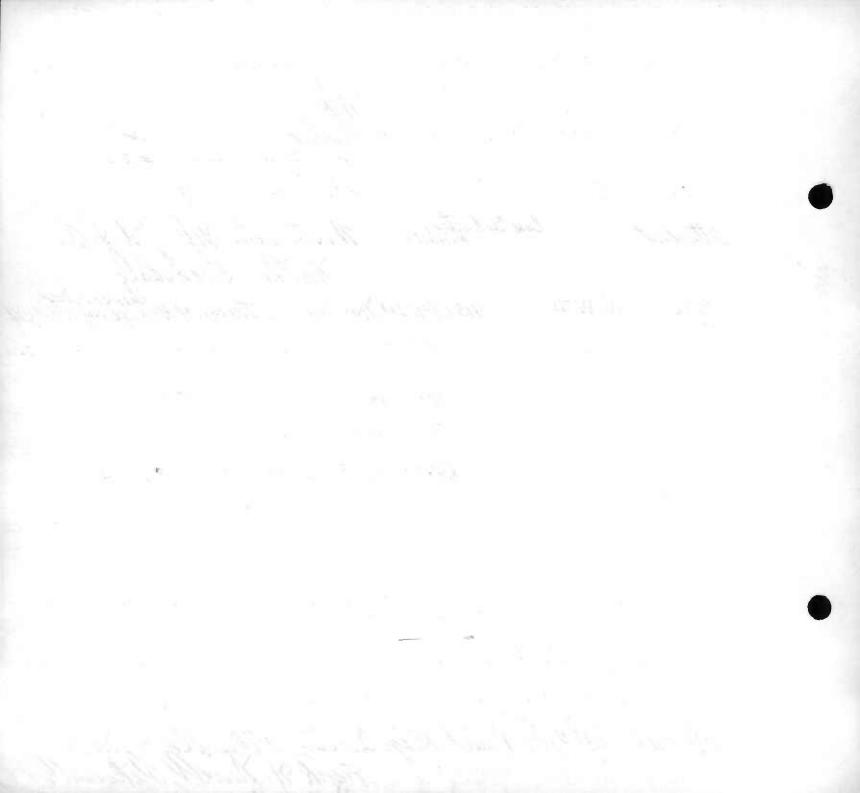
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R-100	NORO ET			HEALTH DEPARTMENT	X REG. NO.	71 825	94			
BIRTH NO. 1. NAME OF DE	CEASED JOHN	W D		TE OF DEATH	AND HOUR OF DEATH		6:05 P			
							M.			
FULL NAME OF	LTIMORE, MARYLAND, W	AL OR IN	NOUNCED DEAD STITUTION, GIVE STREET	A STATE B. CO	/here deceased lived. If in	nstitution: residenc	e belore admission)			
HOSPITAL OR	ADDRESS OR LOCA			C, CITY OR TOWN	D. INS	YES T	NOX			
THE	JOHNS HOPKI	NS I	OSPITAL	E. STREET AND NUMBER						
5 3				RT 2 Box 1	66					
MALE	NE GRO	WIDOW		9-15-05	lost birthdoyl 65	Months Doys	Hours Min.			
	CUPATION (Give kind of world f working life, even if refired)	10B KINC	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or I	loteign country)	12. CITIZEN O	F WHAT COUNTRY?			
Laborer		N.J.	Fiber Co.	South Carolin	na	U.S.A.				
3. FATHER'S NA	JOHN RUFF			FRANCES	ERBY					
5. Was Decouse Yes, no of unknow NO	d Ever in U. S. Anned For millif yes, give war or dete	rees? es of servi	16 SOCIAL SECURITY NO. 213-07-2536	Mrs. Essie Ru	Severn,		RESS			
18,	180		CAUSE OF DEAT		11 Ree. 2, 50	APPR	OXIMATE INTERVAL			
- total	ASE OR CONDITION DE	RECTLY	0.01	muation BETWEEN ONS						
	LEADING TO DEATH		(A) IMMEDIATE CAU			10	mun.			
(This does	not mean the mode of asthenia, etc., it means	dying.	DIETO OPAS	A CONSEQUENCE OF:			**********			
	mplication which coused		350,		, ,	7				
	ANTECEDENT CAUSES		chu	ouce arac	mords	us o	Linos			
DISEASES	OR CONDITIONS, If	any, oiv	DUE TO, OR AS	A CONSEQUENCE OF:						
rise to f	he above cause (A)		the							
UNDERLIN	IG CONDITION last		(c)							
TO THE DEA	II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMIN								
U 19A-DATE C	CONDITION GIVEN IN PAR OF OPERATION 198 CON	IDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINOS CONS	IDERED			
2	WAS PER			ges		OSES OF DEATH				
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examined		21& PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DIG fice bidg. INJURY OCCUR	(if In Boltimo	re City, give exact	location)			
O 21D.TIME	(Month) (Day) (Year)	(Houd	21E INJURY OCCURRED		INJURY OCCUR?					
S OF INJURY			While At Not While At Work	• 🗆						
				11/1/29	2001 Ned1	431	/7' ور			
60	y that (1) (this hospita		111/1 211		19 7/ 10 Jul					
) last sow the decease			· ·	that in (my) (our) op	Inion death occ	curred on the date			
		ted obov	e. (1) (We) (did) (did not) v	lew the body after deat	the 6:05 per	١				
23A. SIGNAT	URE	-	1.			238 DATE SIGN	IED /			
11/11	World & G	001	M. DEGREE Phy	nding Med. Director	Phys.	8/31/	71			
23C. PHYSIC	ITYP PENELOPE	SCOT		THE JOHNS	HOPKINS Hos	SPITAL				
24A. BURIAL CI	REMATION, 248, DATE	1241	DEGREE C. NAME of CEMETERY OF CR	MATORY 1240	LOCATION (C	ity, town, or coun	ily) (Stote)			
REMOVAL Burial	(Specify) 9-4-71									
	D SY HEALTH DEPT.		Arbutus Memorial		Baltimore, Md	• Af	DRESS			
ZJA, DATE KEC	SEP 8 1971	Paber	E. Jaben K. D.	Marshall W	1735 Harfor Jones, Jr.	d Ave. 21	213			
VS 150-REV. 1/1	1/68	7		0 4 2 7	1					

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THE STATE STATE, M.D. THE COMMENT OF THE PARTY E



I. NAME OF DE			ICAL	EXAMINER'S	LEKTIFIC	AIL OI		REG. NO		
(Type or Print)		hn R.	Cuthl	ertson	2. DATE OF DEATH	Known Estimoted	Month 8	26	Year 71	10:40
4. PLACE IN BA FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT		L OR INS	ONOUNCED DEAD	3. DATE PRONOU	NCED DEAD	Month 8	Doy 26	Year 71	10:40 p
1-1-1	St. A	gnes H	ospid	al	A. STATE Md.	1	A	B. COUNTY	5	eiore odinissian)
6. SEX male	7. RACE White	e .	8. MARR	IED MEVER MARRIED DIVORCED	C. CITY OR T	rills		D. INSIDE CI		ио 🗆
9. DATE OF BIR	TH	10. AGE (In lost birthdoy	yeors	H Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.		ND NUMBER		1	E3 [NO L
II. BIRTHPLACE		34 country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S		les Co	43.2		
done during most of	working life, eve	n If retired)	4B. KIND	OF BUSINESS OR INDUSTR	y 15. MOTHER		WE		n	
16. WAS DECEA (Yes, no or unknow	Mechani SED EVER IN U n) (If yes, give wo	.S. ARMED	FORCES of service	? 17. SOCIAL SECURITY NO. 219-32-4121	18. INFORM		'aye M	A	DDRESS	Ambrills
(This does	SE OR CONDIT LEADING TO not mean the n re, asthenio, etc. i amplication which	DEATH node of dyl it means the	ing, e.g., disease,	(A)IMMEDIATE		rebral in	ijurie	s	BLW.	EEN ONSET AND D
DISEASES RISE TO THE	ANTECEDENT C OR CONDITIO HE ABOVE CAU ING CONDITIO	NS, IF ANY	, GIVING ING THE	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				
OTHER SIG	I SNIFICANT CONI EATH BUT NOT I OR CONDITION O	RELATED TO	THE TERM	ING INAL						
DISEASE C				FOR WHICH OPERATION W	AS PERFORME	D			21. AUTO	PSY7 (Yes or No
				228. PLACE OF INJURY (e.g.,	In or about 22	C. WHERE DID	(If In Baltim	ore City, give exc	ict location)	300
20A. DATE C	RNAL CAUSE VIGEOR CONTRACTOR	RIB-		home, farm, lactory, street, office HIGHWAY	(0)	Rt. 175		sup, Md.	10	500
20A. DATE CO VO UNDERIMIN UTING ID C 22D. TIME OF INJURY (APPROX.)	GEOR CONT	RIB- TH. Dy) (Year) (Hou	home, farm, factory, street, offic HIGHWAY 1 22E INJURY OCCURRED WHILE AT NO	(C) 22		JURY OCC	of car -	lost	control-
20A. DATE CO 20A. DATE CO 20A. EXTE UNDERLYIN UTING C 22D. TIME OF INJURY (APPROX.) 23. 1 cei	AUSE OF DEAT (Month) (Do	RIB. 1H. 6 71	9:30 p	home, farm, loctory, street, office HICHWAY) 22E, INJURY OCCURRED WHILE AT NOT MORK AT V	VORK S	Rt. 175 2F. HOWDID IN. Subject dr hit	JURY OCC Liver a tr	of car -	opinion	control

ACTUAL SIGNATURE.

Peter Lipkovic, M.D.

ASSISTANT MEDICAL EXAMINER

8/27/71

24A. BURIAL CREMATION, REMOVAL (Specify)

EXAMINER'S

NAME (Type)

248. DATE

ASSOCIATE MEDICAL EXAMINER

(State)

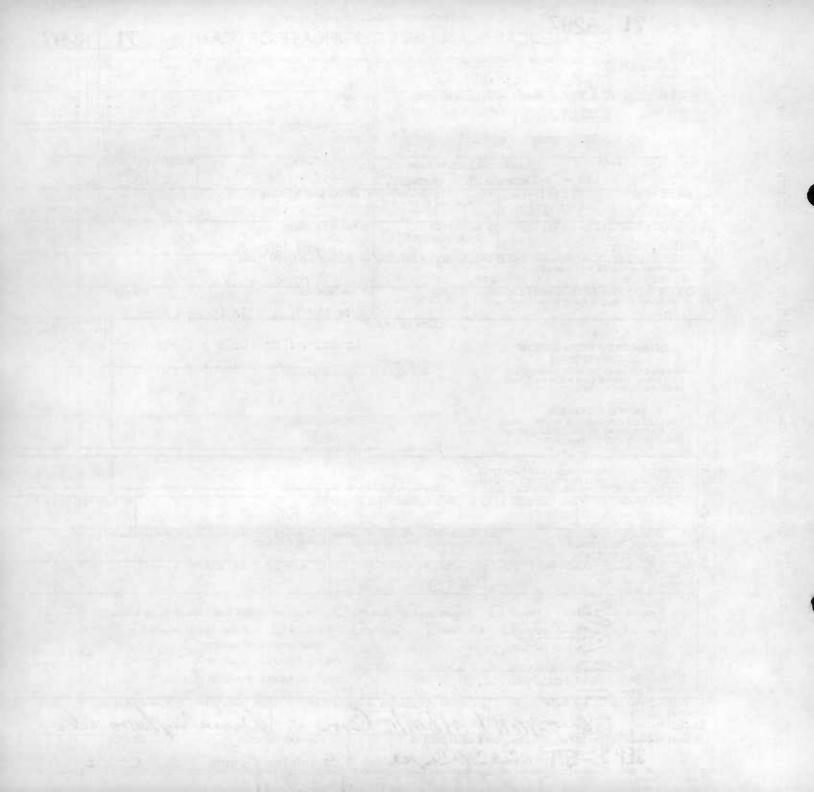
25A. DATE REC'D BY HEALTH DEST.

VS 151-REV. 1/1/68

258. NAME OF REGISTRATIVERSITEST FUNDADISCAL SCHOOL ADDRESS
DOBLE E. Janber, M.D. MORTUARY SERVICE - BCHD

AND A DESCRIPTION OF TAXABLE SECTION OF THE SECTION

M-3241 8	3297		TIMORE CITY HE			1		Ima A	
	WEDIC	CAL EXA	MINER'S	LEK I IFIG	CATE OF	DEAT	H REG. NO	/1	8297
I. NAME OF DECEASED (Type or Print)	Tillia Mi	+ - h - 1 1		2. DATE OF	Known XX	Month	Doy	Yeor	Hour
	Tillie Mi			DEATH	Estimated 🗆	8	29	71	10:50 a,
HOSPITAL ADD		OR INSTITUTION, G		3. DATE PRONOL	NCED DEAD	Month 8	29	71	10:50 a
OR INSTITUTION S	t. Agnes	Hospital		S. USUAL R A. STATE Md.	SIDENCE (When	e deceosed liv	ed. If Institution B. COUNTY	. 6	before odmission)
6. SEX female 7. RACE Whi		MARRIED NE	VER MARRIED	C. CITY OR	town Laur	e1	D. INSIDE CI	TY LIMITS?	№ □
9. DATE OF BIRTH Dec 1900	10. AGE (In yellost birthdoy)	ors K Under 1	Yr. If Under 24 Hrs. oys Hours Min.		ND NUMBER Box 199		566		
Boston, Mass.	ign country)	12. CITIZE WHAT	COUNTRY?	13. FATHER	s NAME mas Johnso	on			
14A.USUAL OCCUPATION (G									
housewife		home)orkesa			4	
16. WAS DECEASED EVER IT	U.S. ARMED FO	ORCES? 17. Spervice)	OCIAL SECURITY NO.	18. INFORM				DDRESS	
no					litchell -	Birming	nam Ala		
19. 4/2 / 1			CAUSE OF DEA		iosclerot			WT38	PROXIMATE INTERVAL FEEN ONSET AND DEA
(This does not meon the heart foilure, osthenia, et injury or compilication with the property of the property	ite. It means the dishick coused deoth. IT CAUSES TIONS, IF ANY, GAUSE (A) STATIN ITION LAST.	iVING G THE	(B)	AS A CONSEQ					
TO THE DEATH BUT NO DISEASE OR CONDITIO	N GIVEN IN PART	1 (A)-							
20A. DATE OF OPERATION	ON 20B. COND	MON FOR WHIC	H OPERATION W	AS PERFORM	ED				PSY? (Yes or No)
UNDERLYING OR CO	NTRIB-	22B. PLACE home, form	OF INJURY (e.g., loctory, street, office	in or obout 2 to bidg., etc.)	2C. WHERE DID WURY OCCUR?	(il in Boltimo	re City, give exc	ct location)	
OF INJURY (APPROX.)	(Doy) (Year)	(Hour) 22E.IN. WHILE WORK		WHILE 2	2F. HOW DID IN	JURY OCCI	JR?		
23. I certify that I resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Natural cause	ulry Ins	pection XX Au ont Suici	de Ho	and that on t micide C CHIEF MEDICAL STANT MEDICAL C	Undetermi EXAMINER EXAMINER	ned manner [_	DATE SIGNED 8/29/71
24A. BURIAL CREMATION, REMOVAL (Specify) Burial	Eding 3,	1971 (JA	ME of CEMETERY	Com	A	Jum	ingh	yor county	ala
SEP 3		Best E. Ja			eph N. Z			DDRESS Conkli	6
VS 151-REV. 1/1/68		11 19 1	(1 c)	7 1	0 0 4				



VS 150-REV. 1/1/68



1-	143				BALTIMORE CI	TY HEAL	TH DEPARTMEN		1-1	4	2000	
BIRTH N	١٥.	71	829	99	CERTIFIC	ATE	OF DEAT	H	EG. NO.	1. 8	3299	
Type or	E OF DECE						2. DA1	E AND HOUR	OF DEATH			
			FLETT,					JGUST 2	7. 19	71	10:1	5PM M
3. PLAC	CE IN BALT	IMORE M	ARYLAND, W	HERE PRON	DUNCED DEAD	A. ST	UAL RESIDENCE	(Where decease	ed lived. If in	stitution	residence before o	dmission)
FULL N HOSPIT. INSTITU	AME OF AL OR ITION				TUTION, GIVE STREET	М	ARYLAND Y OR TOWN	J		U ARC		300
4	. ^	WILK	GNES F ENS &	CATON	AVE.		ARRIOTTS			YES _	NO X	<u> </u>
	0	BALT	I MORE,	, MD.	21229	R	OUTE #1					21104
5. SEX		6. RACE		7. MARRIED	NEVER MARRIED	3. DAT	E OF BIRTH	9. AGE (1	n yours	I II Und	er 1 Yr if Unde	24 Hrs.
	LE LE	WHI		WIDOWE		03-	30-09	lost birthd	,	Months	Doys Hours	Min.
done duri	ing most of w	orking life, e	ven if refired)	IVE KIND	SE BOSINESS OK INDUST	KT 111. BIN	THPLA CE (Stote o	r loreign country	y)	12. CIT	IZEN DE WHAT	COUNTRY?
DI	SABLE	ED		Reties	d-MANE.	VIR	GINIA			1 11	.S.A.	
13. FATE	IER'S NAM	18		1114/106	8 1-111-4-7		THER'S MAIDEN	NAME			.3.5.	
		SHIF	Marie San Control		DEC 'D	NA N		FLETT)	SHIF	FLET	Т	DEC ID
S. Wos	Deceased	Ever in U.	Armed For	ces?	1 6. SDCIAL SECURITY NO.	17. INF	ORMANT		DAIT	LMOD	EARDESS 21	1220
^	1-	,		- 11 00111001		CT	ACNEC III	CDITAL	DALL	THOR	E, OATON	229
110	10				223244236 CAUSE OF DEA	21.	AGNES HO	JSPITAL	WILK	ENS	& CATON	
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1				neality	Alalla.		1. +		10 10	Po	7. / 7	-
			IT CAUSES		(B) Flegher	LOSCE	elouc c	alder.	- VCLY CC	4010	rudy.	7
nse	to the	above	Cause (A)	ony, giving staling the	DUE TO, OR	AS A CON	sequence of:	chi sec	rel			
UNI	DEKLYING	CONDITIO	ON last.		(c)		***************************************		**********			
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OR O	ACCIDENT CONTRIBUT TH (notify t	T WAS UN TINO ☐ CA medicol exo	DERLYING DER	21 ho etc	B. PLACE OF INJURY (e.g. me, form, foctory, street,)	In or obo	121C. WHERE DI	D R?	if in Boltimore	e City, giv	e exact location)	
	TIME	(Month) (C	Doy) (Year)	(Hourl 21	E INJURY OCCURRED		21F. HOW DID	INJURY OCC	UR?			
>	ROXI				hile At At Work	hile 🔲						
22.	i certify t	hat (i) (th	ls hospitoi) attended	the deceased from	AUGU:	51 24	19 /]	to AUGI	JST :	2719	71
thot	(I) (we) i	Ost saw t	he decease	d olive on.	AUGUST 27	1) (our) opli	nlon dea	th occurred on	the date
			couses stot	ed above.	(I) (We) (did) (did not)	view the	body ofter dec	ath.				/
23A.	SIGNATUR	E	2.5							238, DAT	TE SIGNED	
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23C.	PHYSICIAN	rs	-//	/	DEGREE	23D. AD		111/1/		10/4	20/11	
	PAUL		TPHAL	EN M.) .	CAT		KENS A	VES. E	BALT	0.,MD.21	229
AA. BUI	RIAL CREM	ATION. 24	B. DATE		IAME of CEMETERY of C	REMATOR	Y 24	D. LOCATION	(Cit	ly, town, o	or county)	(Stote)
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ZJA. DA	SI	PHEALTH	1971	Ben E	of registran	25C	FUNERAL DIRECT	TOR C/	at t	=1/10	off City	ind
/C 150 /	EV. 1/1/6	3		1,6		0	17 3	6 01/1	-/-		11095	

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71 8300 MEDICAL EX	BALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF	DEATH	71	8300
BIRTH NO.			REC	. NO	0,000
I. NAME OF DECEASED (Type or Print) BERTHA S. ROBERT		2. DATE Known DF DEATH Estimoted	Month Do	y Year	r Hnur M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONCE FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		3. DATE PRONOUNCED DEAD 5. USUAL RESIDENCE (When	Month Do	, 1971	2:10 A
00 816 S. Kenwood Avenue		A. STATE Marylan	P COL	JNTY	10 7
	NEVER MARRIED	C. CITY OR TOWN	D. IN	SIDE CITY LIMIT	57
Female White WIDOWED[DIVORCED [Baltimore		YES 🗌	№ □
MAY //-/943 Tost birthdoy) 28 Mont	nder I Yr. If Under 24 Hrs. hs a Doys a Hours a Min.	816 S. Kenwo	od Avenue		
Ankoon Ohio	CITIZEN OF VHAT COUNTRY?	13. FATHER'S NAME	Rober	Ts	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF done during most of working life, even if retired) WAITRESS	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NA	SPARI	k.	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service)	7. SOCIAL SECURITY NO.	SISTEN MILS	James Ba	ADDRESS PACKETT	Bostic, NC
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)	(A)IMMEDIATE C	nous Narcotism		0.4	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR	AS A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR 1					
20A. DATE OF OPERATION 208. CONDITION FOR	WHICH OPERATION WA	S PERFORMED		21. AU	TOPSY? (Yes or No)

EXTERNAL CAUSE WAS

yes

22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, lactory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. OF INJURY (Month) (Year) (Hour) 22E.INJURY OCCURRED m. WHILE AT

22F. HOW DID INJURY OCCUR? NOT WHILE

I certify that I held on Inquiry Inspection Autopsy X resulted from: Notyral causes Accident Suicide

and that on this basis, death in my opinion Homicide ___ Undetermined manner

ACTUAL SIGNATURE Ronald N. Kornblum, M. D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

8/30/71

DATE SIGNED

NAME (Type) 24A. BURIAL CREMATION, 248. DATE

24C. NAME of CEMETERY OF CREMATORY

24D, LOCATION

(City, town, or county) (State)

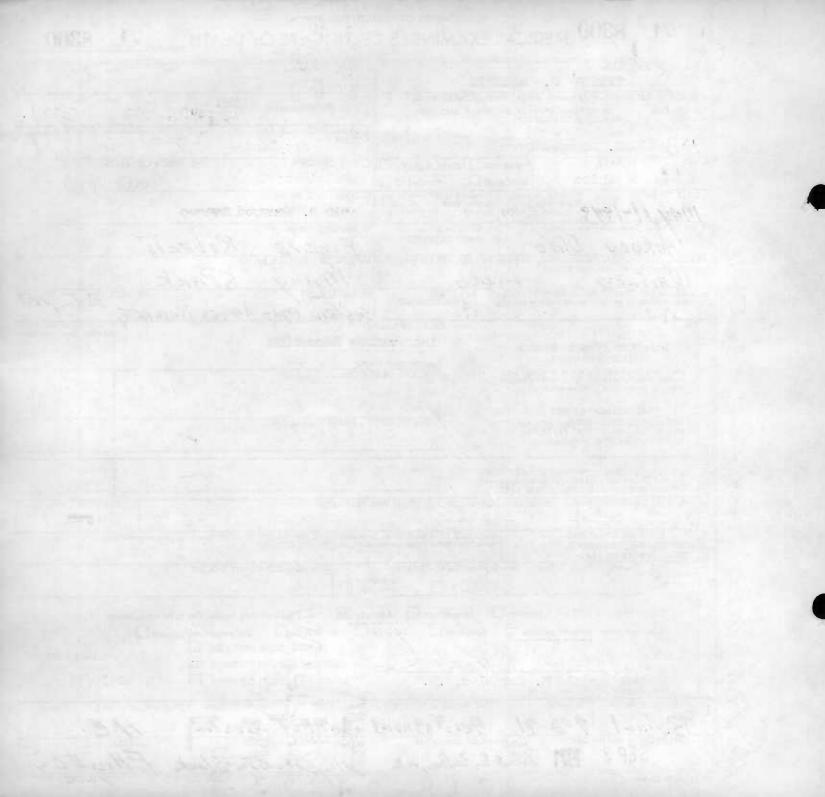
25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

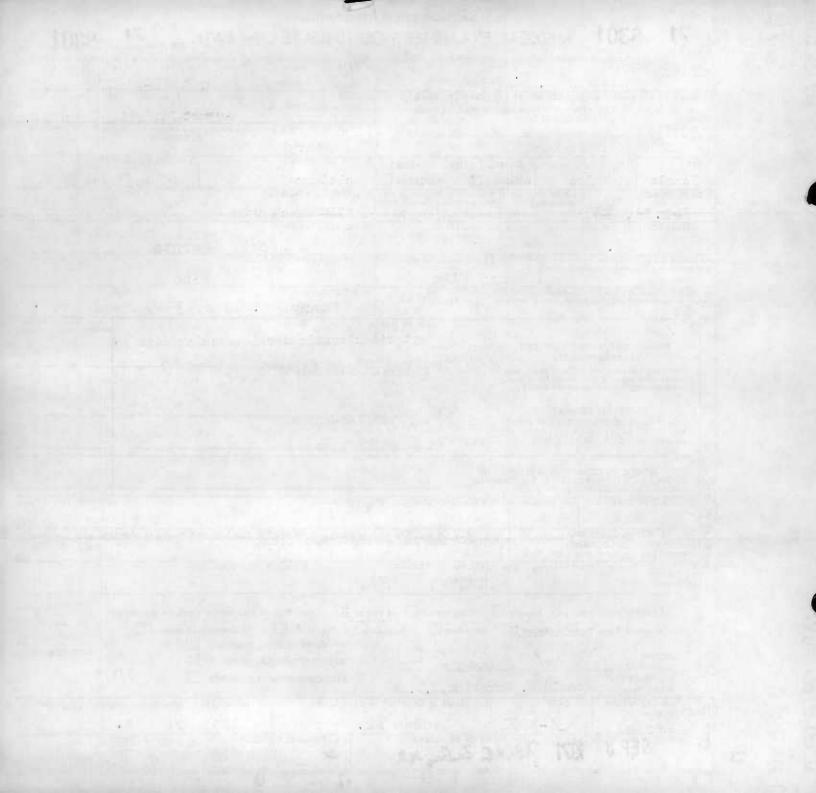
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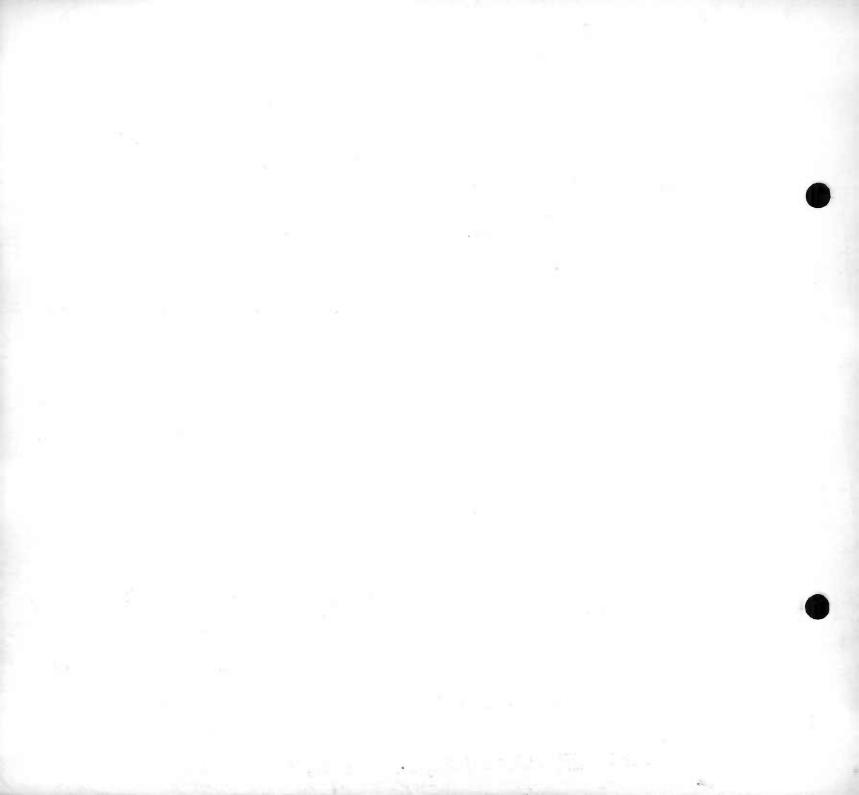
REMOVAL (Specify) N-



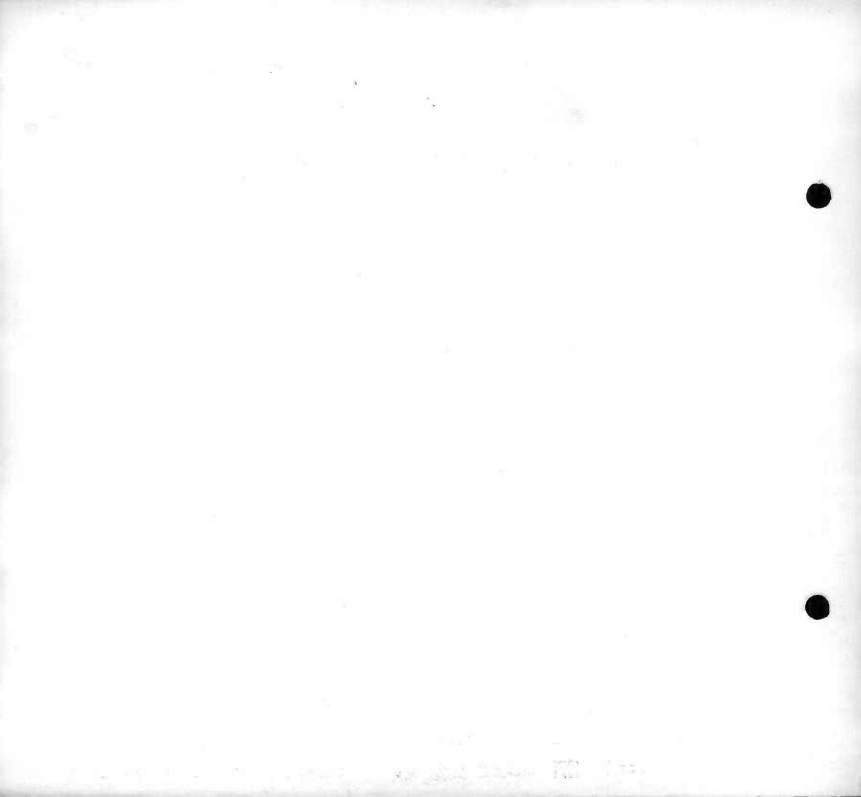
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P. DATE OF BIRTH D. AGE (in years birthday)	0.									
Teb. 14	0 1							YE	S IC NO	
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Mail	11.				CITIZEN OF		venue			
IAJUSIAL OCCUPATION (Green and eventy) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Wise wife Wise wif							- h 10	a ta ta da m		
ADDRESS ADDRESS ADDRESS ACCIDENT NO. ADDRESS ACCIDENT NO. ADDRESS ADDRESS ACCIDENT NO. ACCI	144	USUAL OCCUP		JI48. KIND	OF BUSINESS OR INDUSTRY		IAME	erntz		
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	VS	151-REV. 1/1/68		1 79		1 Joseph 2	To sell	7		70,



10.256	174 02	02		HEALTH DEPARTMENT	REG. NO	71 8302
BIRTH NO. 1. NAME OF D (Type or Print)	ECEASED	04	CERTIFICA		NO HOUR OF DEATH	1 0 0
3. PLACE IN B.	ALTIMORE MARYLA	ND, WHERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (WH		11 50 P M.
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN ADDRESS OF	HOSPITAL OR INSTI LOCATION)	TUTION, GIVE STREET	A. STATE B. COU	- BALTO	DE CITY LIMITS?
IKSIIIO IION	Maryland	General Ho	spital	Ball . E. STREET AND NUMBER	D. INSIL	YES SO NO
				Westshipe	2 Rd. 3	314
5. SEX	6. RACE Wh	WIDOWED WIDOWED		12-25-91	9. AGE (In years lost birthday)	Months Doys Hours Min.
dene during most	CUPATION (Give kind of working life, even if a ctired	elired)	to. Transit	11. BIRTHPLACE (Stole of los	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N		*		14. MOTHER'S MAIDEN NA		
	ristopher			Celia Myer	?S	
Yes, no or unknow	ed Ever in U. S. Am wn) (II yes, give wor -	or dotes of servicel	16. SOCIAL SECURITY NO. 214-03-7816	Mrs. Murray C	. Wisner 314	Westshire Rd. 212
18. DISE	ASE OR CONDITION	ON DIRECTLY	CAUSE OF DEAT	1 0 /	neumia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO D	EATH	(A) IMMEDIATE CAU	SE TOTAL	Cal.	_ 18 hr
heort failure	nal meon the ma e, asthenia, etc. It omplication which o	means the disease	DUE IO, OR AS	a consequence of: le Qbstruetrire	Arrivan D.	years
	ANTECEDENT CA			Dil	£	Seaso 24 hr
DISEASES	OR CONDITIONS the above cause	, if any, giving JA) stating the	DUE TO, OR AS,	A CONSEQUENCE OF	A CAGE	3 >71.
	NG CONDITION I		(c)	tenal Far	level, Edi	1 / days
TO THE DE	IIFICANT CONDITION ATH BUT NOT RELATE	D TO THE TERMINAL	4000000 mmercones consecu			
	OPERATION 198		WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B, IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OR CONTRI	ENT WAS UNDERLY BUTING CAUSE C ify medical examined	F hos	B. PLACE OF INJURY (e.g., li me, form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
21D. TIME OF INJURY (APPROXI	(Month) (Doy)	w	LINJURY OCCURRED — hilo At Work At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certif	ly that (1) (this ha		the deceased fram	8-31	19 7/ ta	7-3- 19 1/
	last saw the de		0			Ian death accurred an the date
and haur a		s stated abave. (i) (We) Xdid) Xdid not) v	lew the body after death.		23B, DATE SIGNED
4.3	Merca	der 1	DEGREE Phys		Staff Phys.	9-3-71
23C-PHYSIC NAME	A. G. A	lexande	- MD DEGREE	Md - Ce	en Hosf	·
Burial CI	REMATION, 24B. DA (Specify) 9/	TE 24C. N	AME of CEMETERY of CRE		rroll County,	town, or county) (Stole) Maryland
25A. DATE REC			OF REGISTRAR	Witzke, 1630	Edmondson Av	venue 21228
/S 150-REV. 1/1	1/68	. 4		1 600	7	



1	11-630	BALTIMORE CITY	HEALTH DEPARTMENT	F14 0002
81	RTH NO. 71 8303	CERTIFICA	TE OF DEATH RE	g. No. 71 8303
1.6 (T ₎	NAME OF DECEASED (Pe or Print) MUPRS Par	UE	2. DATE AND HOUR	DF DEATH
3.	PLACE IN BALTIMORE, MARTLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION ISTITUTION	R INSTITUTION, GIVE STREET	C. CILY OR TOWN	BALTO 5300
l III	Sillotion		Baltimore	D. INSIDE CITY LIMITS?
	BON SECOURS HA	spital	E. STREET AND NUMBER	ense Rd.
5.	SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In that birthdo	yeors II Under 1 % II Under 24 Hrs. Months Doys Hours Min.
_		DOWED DIVORCED	01/15/98	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. ne during most of working life, even it retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY
Z	etired		Md.	This H.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1,, 0, ,,
	Mueks, (seorge		Kessler DARG	7
15. (Ye	Wes Deceased Ever in U. S. frmed Forces? s,ng or unknown) (il yes, give wor or dotes of	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		212-05-4101	Hamissian S	heat
	18. / 6 2 / 1	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTI	.Y	se Cardiac fails	
	(This does not mean the mode of dyin			
	heart failure, asthenia, etc. It means the injury ar complication which caused deat	disease,	CONSEQUENCE OF:	
	ANTECEDENT CAUSES		cho(init Careinon	non The
	DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the above cause (A) stoti	ng the (C)		
	11	(~/		***************************************
NO	TOTALER STOMILICANT CONDITIONS CONTRIB	UTING		
CAT	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
ERTIFICATIO	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION ED	20 A. AUTOPSY7 (Yes or No) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	In Boltimore City, give exoci location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, fociory, street, olf	ice bldg., INJURY OCCUR?	in boilimore City, give exoct locotion;
LEDI	21D-TIME (Month) (Doy) (Yearl (He OF INJURY		21F. HOW DID INJURY OCCU	R7
S	(APPROX.)	While At Not While Work At Work		
	22. I certify that (1) (this hospital) atte	ended the deceased from	8/29 197/	9/3 197
	that (1) (we) last sow the deceased of	ve on 9 + 2	19_7/and that In (my)	(our) opinion deoth accurred an the date
	and havr and from the causes stated a		ew the bady after death.	
	23A. SIGNATURE	(1)		23 B. DATE SIGNED
		Werasophon Atter Phys.	Med. Staff Phys.	9/3/7/
	23C.PHYSICIAN'S NAME (Type)	· ·	3D. ADDRESS	
	SONCHAI WERA	SOPHON M.D - DEGREE	BON SECOURS	HOSPITAL
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
	Burial 9/7/71	Woodlawn	Woodla	wn, Maryland
25/	CED N 40004	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	104 - 21	but E. Jaber K.D.	Witzke, 1630 Edmon	dson Avenue 21228
VS	150-REV. 1/1/68	1 9 16.5° 4mm	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	



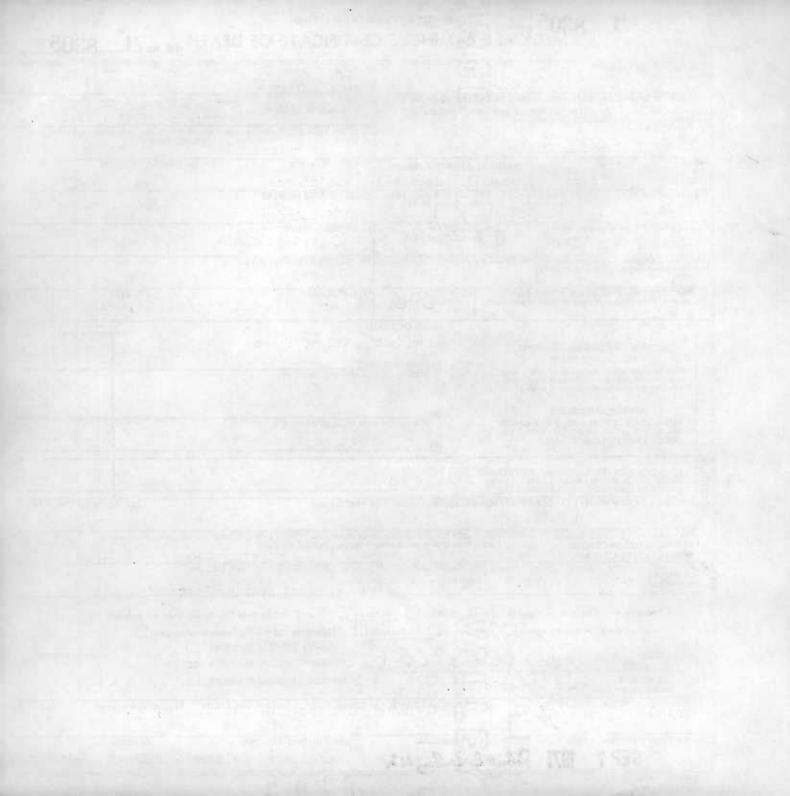
IMPORTANT

DIRECTOR:

FUNERAL



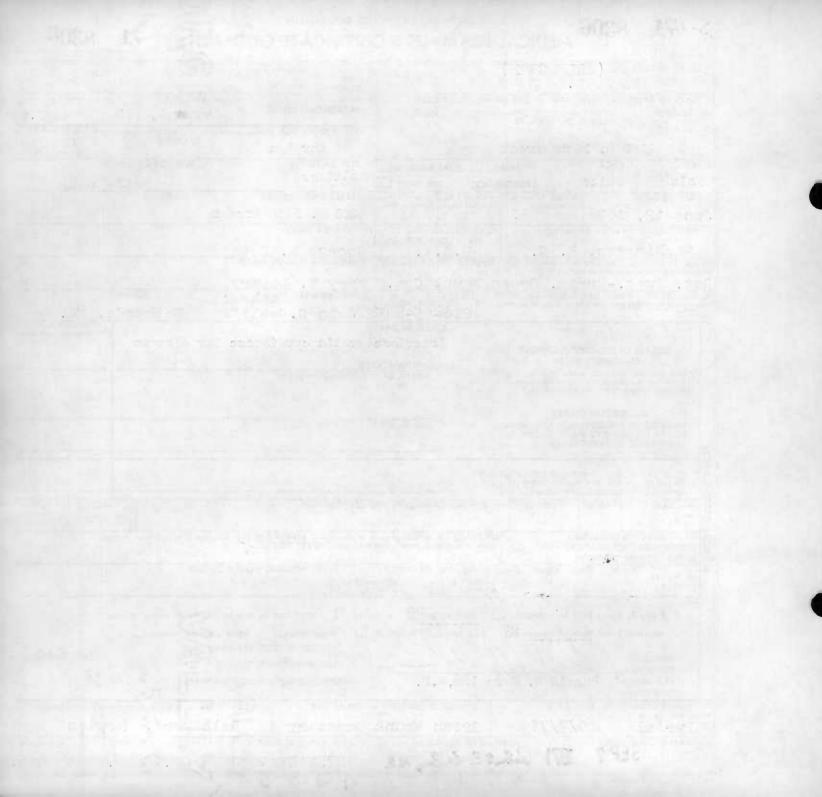
VS 151-REV. 1/1/68



1	-1501	020	S		BALTIMOR	E CITY HE	ALTH DEPA	RTMENT				- ~
1-	7	000	MED	ICAL	EXAMIN	ER'S C	ERTIFI	CATE	OF DE	ATH	71	8306
-	RTH NO.									NEO. 14	0	
Ty	NAME OF DEC		E. DO	VE VE			2. DATE OF	Known Estimate		th Doy	Year	Hour
4.					ONOUNCED DE	AD	3. DATE	Campion	Mon	th Doy	Yeor	Hour
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	ITUTION, GIVE STR	EET		UNCED DEA	sep	tember 3,		8:15 P.
	- A	03 E.	36th St	reet			A STATE	Maryla	1	B. COUNT		903
	SEX	7. RACE		8. MARR	IED NEVER M	ARRIED [C. CITY OF Balti			D. INSIDE	CITY LIMITS?	
	Male	Whit		WIDOV		ORCED 🗌					YES 2	NO 🗌
	une 12,		IO. AGE (In lost birthday	93	Months Days Ho	ours 1 Min.		E. 36tl	h Stree	t		
	BIRTHPLACE (S		1		12. CITIZEN OF	-nva	13. FATHER	'S NAME				
	Washin	gton,	D. C		WHAT COUN U.S.A		Geor	ge W.	Dove			
14A don	LUSUAL OCCUI	PATION (Giver orking life, ex	re kind of work l ren if retired)	4B. KIND	OF BUSINESS OF	RINDUSTRY	15. MOTHE	R'S MAIDEN	NAME			
R	et. Sup	tTr	eas.	Free	n Mount	Cem.	Mary	E. Lo	owery			
16. (Ye	WAS DECEASE s, no or unknown)	(if yes, give	U.S. ARMED	FORCES f service	7 17. SOCIAL SECURIT 216-0	TY NO.	18. INFOR	74	phew:		ADDRESS	
_	No							n C.Co	onliff	Bet	hesda,	Md.
	19.	7-T				SE OF DEA		a aard	iovaga	lar disea	BET	WEEN ONSET AND DEA
			MON DIREC	TLY	ALC	-er rosc	TELOCI	c card.	LOVASCO	ital disea	136	
	(This does no	LEADING TO	mode of dyl	ng, e.g.,		MMEDIATE C	AUSE AS A CONSEC	LIENCE OF				
	heart follure, injury or com	osthenia, éta aplication whi	c, it means the ich coused dec	disease, th.)		, o	W H GOTTOL					
		NTECEDENT OR CONDITI		GIVING	(B)	UE TO, OR	AS A CONSE	QUENCE OF	:			
	RISE TO THE	ABOVE CA	ONS, IF ANY USE (A) STAT TON LAST.	ING THE								
<u>S</u>			11		(C)_							
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CO T RELATED TO GIVEN IN PA	THE TERM	INAL							
RT					FOR WHICH OPE	RATION W	S PERFORI	AED			21. AUT	OPSY? (Yes or No)
	0											no
EDICAL	22A. EXTERI UNDERLYING UTING CA		ITRIB-		22B. PLACE OF IN home, farm, factory	UURY(e.g., , street, office	in or obout bldg., etc.)	22C. WHERE NJURY OCC	DID (If In Bo	oltimore City, give	exact location)	
Z	22D. TIME		Doy) (Year) (Hou) 22E.INJURY O	CCURRED		22F. HOW D	ID INJURY	OCCUR?		
	OF INJURY (APPROX.)				m. WHILE AT	NOT AT W	WHILE ORK					
	23.			-								
					Inspection				_			
	result	red from: 1	lateral cau	ses K	Accident	Sulctd		omicide _		remined manne	r [_]	
0	ACTUAL	1	1.1	1/1	1/11				ICAL EXAMI			DATE SIGNED
	SIGNATU	JRE /	neg	VII	Cu V	M.D	•		ICAL EXAMI		9/4/	71
	NAME (T		onald N	. KO:	rnblum,M.I	,	ASSO	CIAIE MED	ICAL EXAMI	NEK 🔲	3/4/	/ 1
	A. BURIAL CREA	MATION,	248. DATE		24C. NAME of	CEMETERY	or CREMATO	ORY	24D. LOCA	TION (City, to	own, or county	y) (Stote)
× 5	MOVAL (Specific Burial		9/7/7	1	Green	Mount	Ceme	tery	Be	ltimore	, Mary	rland
25	A. DATE REC'D				AME OF REGISTR			FUNERAL D			ADDRESS	2120

VS 151-REV, 1/1/68

STEWART & MOWEN CO.108 W. North Ave.



G. 25471 8307.		HEALTH DEPARTMENT	'71	0207
BIRTH NO. LILLIAN AGATHA GO	OSNEL CERTIFICA	TE OF DEATH	REG. NO.	0904
I, NAME OF DECEASED	JONELL	2. DATE AND HO	UR OF DEATH	
(Type or Print) GOSNELL	LI LLIAN	aujer	31,1911 1	4,45 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where dece		
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION. GIVE STREET	BACIMONE By	MARYLA	ND 120-
HOSPITAL OR ADDRESS OR LOCATION)		C CITY OF TOWN	IN INSIDECTIVE	
Union Memorial H	Hospital	BALTIHOU	P YES 🗹	NO 🗌
NON MEMORIA	C HOSPITAL	E. STREET AND NUMBER	7 7 4	
V		CHANCES 8	3320 5	
	NEVER MARRIED	8. DATE OF BIRTH 1902 & AG	ethdoy) a lif Under	Doys Hours Min.
female White WIDON	DIVORCED DIVORCED		(E) /	ZEN OF WHAT COUNTRY
done during most of working life, even if refired)		PENNSYLV	4 4 · · · · · · · · · · · · · · · · · ·	
	ırs ing		N	MERICAN
13. FATHER'S NAME John Augustu	Smith	14. MOTHER'S MAIDEN NAME	Clara Louis	e Smith
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	ice) 16. SOCIAL	17. INFORMANT Son:	7208 121-1	ADDRESS TO
No		Wm.L.Gosnell, Jr	7208-121st Renton, Wa	ah 98055
18, 39, 3-01	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH	/ANMMEDIATE CAU	SE AURTIC STEN	OSIA + NOWFIENC	ICY MANY VEAR
(This does not mean the mode of dying, heart failure, asthenia, etc., it means the disc	DUE TO, OR AS	CONSEQUENCE OF:		1 1/
injury or complication which caused death.)	•			
ANTECEDENT CAUSES	100 REU	MATIC HTART DO	NEASE, CHE	1
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)			
10	(0)			
THER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERM! OF CONDITION GIVEN IN PART 1 (A).				
U 19A DATE OF OPERATION 119B CONDITION I	OR WHICH OPERATION	20A. AUTOPSYT (Yes or No.) 20B.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED DEATH?
		The second secon		
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined	21B.PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	ice bidg. INJURY OCCUR?	(if In Boltimore City, giv	e exact location)
O 21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	While At Noi While			
	Work L At Work		0.0	7/
22. I certify that (I) (this hospital) attend	00 71	19 19		
that (I) (we) last saw the deceased alive	dii	•	(my) (aur) apinian dea	th accurred an the dat
and haur and from the causes stated above	re. (1) (We) (dld) (dld not) v	lew the body after death.		
23A. SIGNATURE		- di	/ /	TE SIGNED
6 loly	DEGREE Phy	nding Med. Staff Director Phys.	W Ca	Just By 31,
23C.PHYSICIAN'S NAME (Typel		23D. ADDRESS	0 0	
TULIO BENTOR,	(N)	UNION KE	HORIAL	140 JP116
	C. NAME of CEMETERY OF CR	MATORY 24D. LOCATI	ON (Citye town,	or county) (State)
Burial 9/3/71	Green Mount (emetery Ro	ltimore, Ma	busland
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	TOTHIOLO IN	ADDRESS
	Bert E. Jaben M.D.	STEWART & MOWE	N CO 108 W	Nonth Arra
	Setting of American and	DIEMWILL OF LIGHT	III OO . I OO W.	MOT. OIL WAG.



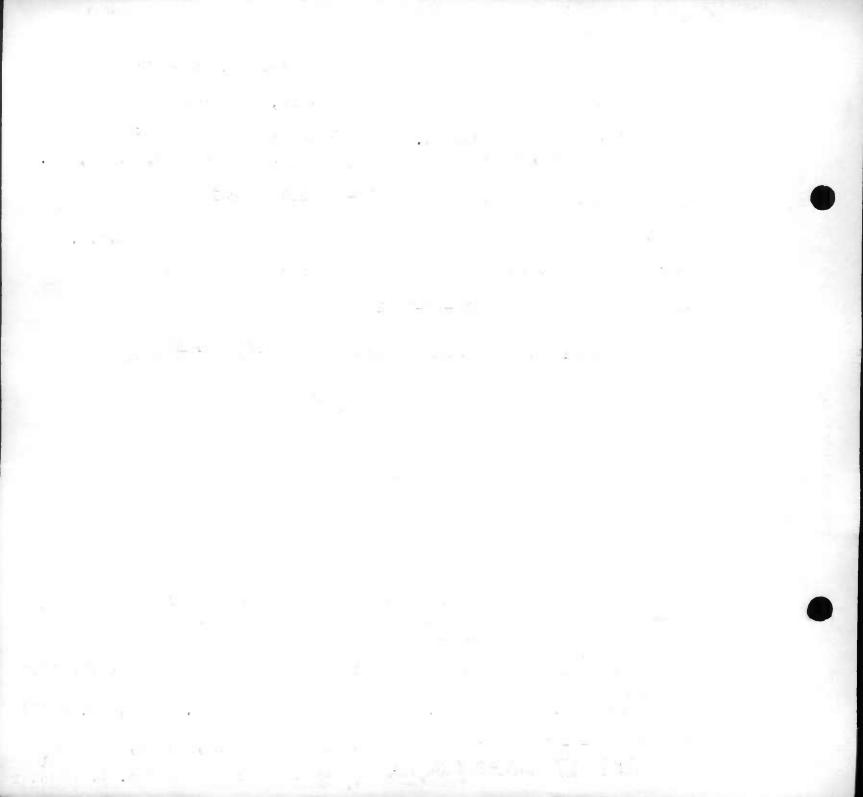
USUAL RESIDENCE (Where deceased lived, Il institution; residence below odmission)
STATE

B. COUNTY D. INSIDE CITY LIMITS? NO YES X if Under 1 Yr. Manths! Days II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 1756 E. North Ave. Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that In (my) (aur) apinian death accurred an the date 23 B. DATE SIGNED deceased written ap (City, tawn, or caunty) Was ADDRESS Hunter Fun. Home - Ahoskie. VS 150-REV. 1/1/68



a hospital and

	6-420				HEALTH DEPARTMENT	171	8309	
	IRTH NO. 7	1 8309		CERTIFICA	TE OF DEATH	REG. NO.	L ()()()	
	NAME OF DECE		12.5			AND HOUR OF DEATH		
-	PLACE IN BALTI	Adam MORE MARYLAND, W	Klos	INICED DEAD	ls	t September	71 M.	
Ш					Illusture of CO	DMII	stitution: residence before admission)	
-114	FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland,	Baltimore		
11.	14311101101	200 00041	77 - 7 7	G1-	Baltimore	D. INSI	YES NO	
	00	282 South			E. STREET AND NUMBER			
				yland 21224	282 South	Robinson S	t, Balto, Md.	
	Male 6	. RACE Caucasin	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12-24-1875	9. AGE (In years lost bighthday)	ff Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	
1	A. USUAL OCCUP	ATION (Give kind of work rking life, even if retired)	108 KIND O		11. BIRTHPLACE iStote or fo		12. CITIZEN OF WHAT COUNTRY?	
	Artist	rking me, even it rented)						
T:	FATHER'S NAME				14. MOTHER'S MAIDEN N.	Land	U. S. A.	
	Klos	(Deces	ased)		Unkowr	1 (Dece	(here	
1.5 (Y	. Wos Decoosed E	ver In U. S. Armod Ford f yes, give wor or dote		1 6. SOCIAL	17. INFORMANT	1 (Dece	ADDRESS	
	No	,, g	or sorriegy	213-34-1901	A			
	18.	443	(50)	CAUSE OF DEATH			APPROXIMATE INTERVAL	
	DISEASE	OR CONDITION DIR	ECTLY	/	A+. 1.	etic C. V. Di	BETWEEN ONSET AND DEATH	
	(This does not	mean the made of	dying, e.a.	(A) IMMEDIATE CAU	SE Frence of:	elie. Vikh	cesse	
	heart failure, as	thenia, etc. It means cation which caused	the disease	DUE TO, OR AS A	CONSEQUENCE OF:			
		TECEDENT CAUSES		2)	= 0. 0./17	- 0.		
	DISEASES OR	CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF	exoscret	000	
	UNDERLYING	abave cause (A)	stating the	(c)				
		11		(C/		1	***************************************	
NC	OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING	2) = 6	to has	Ol. Lun		
CAT	DISEASE OR CON	DITION GIVEN IN PART	1 (A).		sees //e			
CERTIFICATION		WAS PERF	DRMED	VHICH OPERATION	20A. AUTOPSY? (Yes of N	IN CERTIFYING CAU	NDINGS CONSIDERED	
1.4		WAS UNDERLYINO	218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	ffi In Boltimore	City, give exact location)	
₹ S	DEATH (notify me	edicol examined	home	o, form, foctory, street, offi	co bldg., INJURY OCCUR?	pr in sommore	ony, give exoct location;	
ED		Manth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
×	(APPROX.)		Whil	e At O Not While				
	22. I certify the	ot (1) (this hospital)		e deceased fram3	74	1968 to 9/	//	
		st saw the deceased		8/13	these of		ion deoth occurred an the date	
	and hour and fr	om the causes state	d above. (1)	(We)-(did) (did not) vi		, (00.7 00.11	ion death accorded du the date	
	ond hour and from the causes stated above. (1) (He) (did not) view the body ofter death. 23A, SIGNATURE 23B, DATE SIGNED							
	Henry	1. Hou	ska	Aften Phys.	ding Med.	Staff Phys.	Sept #rd 1971	
	23C. PHYSICIAN'S	0		DEGNEE	D. ADDRESS			
		Henry J.	Houska	M. D DEGREE	333 South E	ast Ave. R	alto. Md. 21224	
24.	REMOVAL (Spec	TION, 24B, DATE		ME of CEMETERY OF CREA	MATORY 24D. L		town, or county) (Stote)	
	Burial	9-4-71	Hol	y Rosary Ce	netery D	undalk, Bal	lto, Maryland	
25.	A. DATE REC'D BY	EPLY DEP 1071	Uabe B	F REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS 401	
L	150-PEV 1/1//2	-1 (10/1	Vapan	- Auros La	John Ma We	ber & Sons	Inc. S. Chester	
A.2	150-REV. 1/1/68-				d.			

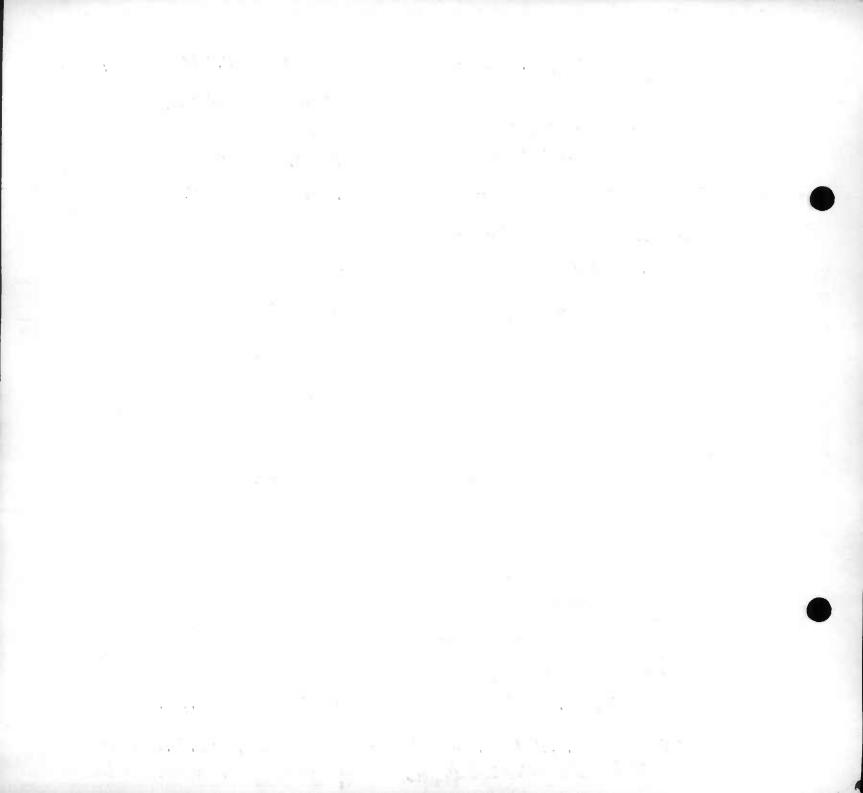


	200	BALTIMORE CITY	HEALTH DEPARTMENT		
K	71 8310		TE OF DEATH	REG. NO. 71	8310
	ATH NO.	CLKTITICA			
	pe or Print) FUELTN MA	DELINE / 15	EDY Z DATE AN	D HOUR OF DEATH	. 7
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Who	re deceased liked, if institution	ri residence before dimission
FL	LL NAME OF (IF NOT IN HOSPITAL OR	NOTIFIEDAL CIVE STREET	A. STATE	ITY	4-12
II H	ILL NAME OF OSPITAL OR ADDRESS OR LOCATION	Nationion, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
	asphuston Mur	ung Home	Baltinone	YES	
	70 3520 Helton R	A Buston My	E. STREET AND NUMBER	6	
5.	SEX 6. RACE 7. MAN	N. Olymany C.	316 M. Jac	2 St. 2/3	201
	- MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Un lost birthdoy) Monti	nder 1 Yr. If Under 24 His. hs Doys Hours Min.
104	WIDC. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or force	49	
don	e during most of working life, even if relired)		1 2	gii counity)	ITIZEN OF WHAT COUNTRY?
13.	ENTREPS NAME		Marcher's MAIDEN NAM		4.S.A.
	Bases the lane		Do S. A	ME	(
15.	Was Deceased Ever in U. S. Armed Farces?	I 6, SOCIAL	The Diedy		
(Ye	ino or unknown) (If yos, give wor ar dates af sen	rice) SECURITY NO.	\mathcal{A} \mathcal{Q}	1.0	ADDRESS
	ND	CAUSE OF DEATH	Edna Diedy	316 K. Vuca	12. 21201
	DISEASE OR CONDITION DIRECTLY	4		_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
el l	LEADING TO DEATH	Cancer (A) IMMEDIATE CAU	of right brea	st with	F- 0- 1871
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dis	8.0	CONSEQUENCE OF:	netastases	100,1717
	injury or complication which coused death.)		· · · · · · · · · · · · · · · · · · ·		
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if any, g	ving DUE TO, OR AS .	A CONSEQUENCE OF:		***************************************
	UNDERLYING CONDITION last.	(c)			***************************
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	No			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL			
FIC,	19A-DATE OF OPERATION 19B. CONDITION 1	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
CERTIFIC			ND	IN CERTIFYING CAUSES OF	F DEATH?
11 1	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, affi	ar about 21C, WHERE DID ce bidg, INJURY OCCUR?	(If In Baitimore City, g	lve exoct lacation)
No.	DEATH (notify medical examined	el c.)			
MEDICAL	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	(APPROX.)	While Af Wark Naf While Af Wark		0	
	22. I certify that (I) (this hospital) attend		145 76 1	9/1 10 Sepi	197/
- 11 - 1	that (I) (we) last saw the deceased olive	11 10	197/ and the	t in (my) (aur) aplnion de	ath occurred on the date
	ond hour and fram the couses stated abay	e. (1) (We) (did) (did not) vi	ew the body after death.		
	23A. SIGNATURE	I MOD AMO	ding Med. S		ATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Director L	hys. \Box 9-	-2-71
	NAME (Type)	of ALD	BD. ADDRESS	1 10 . 10 .	1. //
24A	BURIAL CREMATION, 1248, DATE 124	WITZ DEGREE	1581 KIDEry	y Koch Dap	There TA.
	REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA		CATION (City, town,	or countyl (Stotel
25 A	DATE REC'DIAN HEALTH DEPT. 258. NA.	Moodlawn C		Dalla.	hed.
		& ENaile Me	25C. FUNERAL DIRECTOR	ens Son Duc.	ADDRESS O
V5 7	50-REV. 1/1/68	A AMORT LE	About . down	VI-140.	Tollenset



FUNERAL DIRECTOR: IMPORTANT

1	-2007	8311			HEALTH DEPARTMENT	/ REG. NO. 7	1 8311
1.1	RTH NO. NAME OF DECE pe or Print)	Mary	A V	ocke		D HOUR OF DEATH	1 2.20 AM
		IMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission)
FUE	ILL NAME OF DSPITAL OR STITUTION	Gould Convale		JTION, GIVE STREET	C. CITY OR TOWN	Baltino A	SIDE CITY LIMITS? YES NO NO
	70	6116 BelA			E. STREET AND NUMBER	pa Road	1E3 NO
1	^E emale	6. RACE White	7- MARRIED WIDOWED	DIVORCED	Nov. 28, 1890	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	Homemake	orking life, even if retired)		BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or fore) Maruland	gn country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAM				14. MOTHER'S MAIDEN HAM Anna McManus		
		Ever in U. S. Armed For (If yes, give wor ar dote None	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Family reas	ed s	A DDRESS
CERTIFICATION	IThis does not heart follure, or injury or comp A DISEASES OF the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19 A. DATE OF CO.	E OR CONDITION DIL EADING TO DEATH If meon the mode of Isthenia, etc. If means vilication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. II CANT CONDITIONS CO. BUT NOT RELATED TO TO INDITION GIVEN IN PAR OPERATION 178. CON WAS PERI	dying, e.g., the disease, death.) any, giving sloling the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WOORMED	(B) DUE TO, OR AS (C)	CONSEQUENCE OF: Lind Attriosche ACONSEQUENCE OF: Unvolved Produce Zuchway Ch., Can 20A. AUTOPSY? (Yes or No.)		BETWEEN ONSET AND DEATH LYMPA AND DEATH THOMAS CONSIDERED USES OF DEATH?
MEDICAL (DEATH (notify	I WAS UNDERLYING CAUSE OF medical examinet	(Hour) 21 E.	injury occurred At Not While	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?		re City, give exact location)
		hat (I) (this heapite l ast saw the decease) attended th	e deceased from	7/18/ 1	9 <u>68</u> ta at in(my) (****) api	nion death accurred on the date
	and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty	rs B B	radhy Bradley	DEGREE Phys.	ew the bady after death. Iding Med. Director 3D. ADDRESS 4900 BelAir Road	Staff Phys. Balto. Mc	23B, DATE SIGNED
25/	BURIAL CREM REMOVAL (Sp Burial DATE REC'S	Sent 3		FREGISTRAR	MATORY 24D. LC	as, Balto. Co.	o Maryland ADDRESS



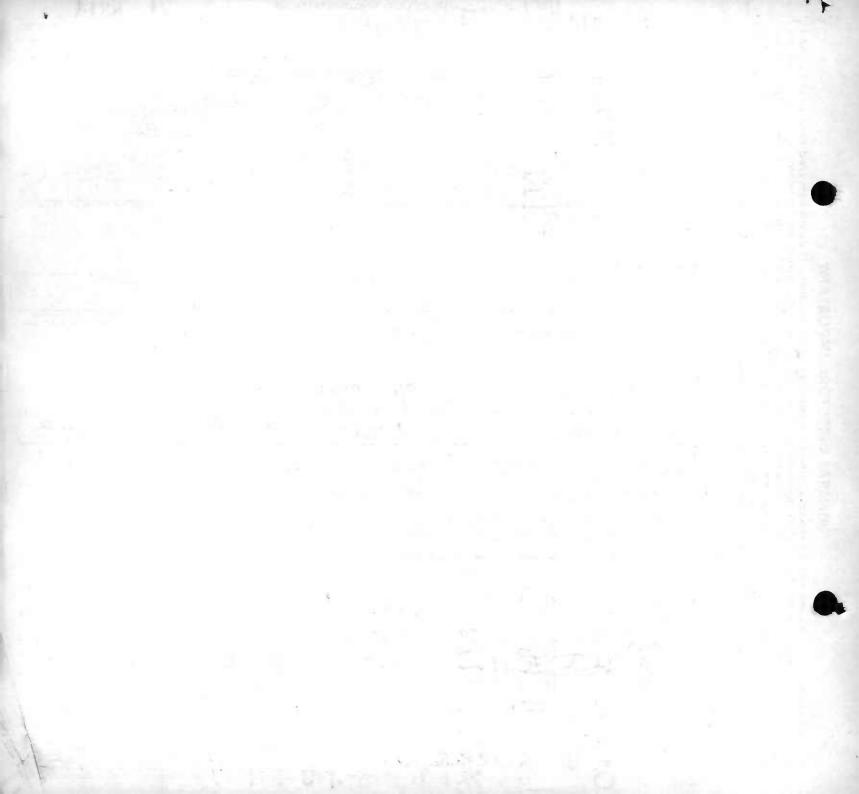
FUNERAL DIRECTOR: IMPORTANT

	5-16V 71 8312	BALTIMORE CITY	HEALTH DEPARTMENT	1			
BII)-/6 71 8312	CERTIFICA	TE OF DEATH REG. NO. 7	1 8312			
1, 1	NAME OF DECEASED Pro or Print Linda De brick		2 DATE AND HOUR OF DEATH	1 9:10 P			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG	CED DEAD	4. USUAL RESIDENCE (Where Deceased lived, II in	stitution: residence before admission			
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	ON. GIVE STREET	M. STATE B. COUNTY Anne Arundel	5-202			
IN	STITUTION ADDRESS OR LOCATION)			DE CITY LIMITS?			
7	University of Many land	והרוקנסדו	E. STREET AND NUMBER	YES 🔀 NO 🗌			
-			509 Stewart Ave				
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED		If Under 1 Yr. If Under 24 Hr			
	F WIDOWED □	DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 28	Months Doys Hours Min.			
10A dor	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTS			
	Secretary AA Co.	Bd. Of Educ	· Mary land	N.Z.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Carlton Saffell		Marion Sanner				
5. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	NO 2:	19-40-4152	Mrs. Marion Saffell, same	as. 4:			
	18. 2051/1	CAUSE OF DEATH	1	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		. / 4	SETTLETT ONSET AND DEAT			
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Cardiac arrest	***********			
	heall failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE 10, OR AS A	a Consequence of:				
	ANTECEDENT CAUSES		h	D-101			
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	8-10 hn			
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	in much	-monocytic le Cemia	2			
	II	(4)	- Money II C DENDENIA	e Mo			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
A	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************				
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHITE	CH OPERATION	20A AUTOPSY? (Yes or No) 20B, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?			
-	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, f	CE OF INJURY (e.g., in	or about 21C, WHERE DID III In Rollimore	City, give exoct location)			
Z C	DEATH (notify medical examine) NO elc.)	om, toctory, street, on	ice bldg. INJURY OCCUR?				
EDI	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJ	IURY OCCURRED	21F. HOW DID INJURY OCCUR?				
Σ	(APPROX.) While A	Not While					
	22. I certify that (I) (this hospital) attended the d		J 2 19 7/ 10	9/2 1976			
	that (I) (we) last saw the deceased alive an						
Н	that (I) (we) last saw the deceased alive an 4/2 19.7.1 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE			23 R DATE SIGNED			
	The E. Theenopan	AD Alten	Iding Med. Staff Phys.	8/2/71			
	23C. PHYSICIAN'S NAME (Type)	a c q nee	3D. ADDRESS				
	2 1 15						
	Robert E. Greenspan	M D DECORE	829 Hollins St., Baltin	non Md 21201			
24.A	ROBERT E. Greenspan BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	OF CEMETERY OF CREA		y, town, or county (Stotel			
	Burial CREMATION, 248, DATE 24C. NAME Burial 6 Sept. 71 Medde		MATORY 24D. LOCATION (City	y, town, or county! (State)			
	BURIAL CREMATION, 24B, DATE 24C, NAME	of CEMETERY of CREA	rial Park Elkridge, Howa	y, town, or countyl (Stotel and Co., Md., ADDRESS			
SA	Burial CREMATION, 248, DATE 24C. NAME Burial 6 Sept. 71 Medde	of CEMETERY of CREA	rial Park Elkridge, Howa	y, town, or countyl (Stole) and Co., Md. ADDRESS			

the second secon

A-34G BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.	8313
I. NAME OF DECEASED (Type or Print)	2. DATE Known & Month Doy	Yeor Hour
Colleen E. Adler	OF DEATH Estimoted 8 31	71 4:50 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 8 31	71 4:50 A.
4015 Woodhaven Avenue	5. USUAL RESIDENCE (Where deceased lived, if Institution: res A. STATE B. COUNTY Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
Female White WIDOWED DIVORCED	Baltimore YES	O ON D
O DATE OF BIOTH HO ACE (In the second of the last of the second of the s	E. STREET AND NUMBER	H NOL
Months: Doys Hours Min.	4015 Hoodharan Arranus	
11. BIRTHPLACE (State or Toreign country) 12. CITIZEN OF	4015 Woodhaven Avenue	
WHAT COUNTRY?		
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during mast of working life, even if retired)	2006	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	J.B. INFORMANTA ADDR	rce
(Yes, no or unknown) (Fyes, give wor or doles al service) SECURITY NO.	18. INFORMANT	E55
19. CAUSE OF DEA	meet of Bel	To mel
19. CAUSE OF DEA	TH Control of the con	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE C	AUSE Barbiturate overdose	
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. it meons the disease, injury or complication which coused deoth.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21.	AUTOPSY? (Yes or No)
		No
22A. EXTERNAL CAUSE WAS UNDERLYING BOR CONTRIB- UTING □ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, lorm, loctory, street, office	in or about 22C. WHERE DID (if in Boltimore City, give exact loc bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E INTITIES OF CHERED	4015 Woodhaven Avenue	19161
OF INJURY Found: (APPROX.) A WHILE AT NOT	WHILE	biturates
123		dose of
I certify that I held an Inquiry Inspection Aut	and that an this basis, death in my apin	lon
resulted from: Natural causes Accident Suicid		
ACTUAL D	eputy CHIEF MEDICAL EXAMINER	DATE CICNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	8-31-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify))	or CREMATORY 24D, LOCATION (City, town, or	county) (State)
Sund Sept 3,1971 West 7	aun Tandes	N.C
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRE	
TOO I JUNEAU C. VICIDE A. B.	19 April Lenis Tour No.	o Revolers low
VS 151-REV. 1/1/68"		

8314		HEALTH DEPARTMENT	BALTIMORE CITY			1 17 1
2012 .		TE OF DEATH	CERTIFICA		8314	10-26691
9:00 PM	August 30, 1971	Aug		, ANNA	BENNER,	NAME OF DECE
idence before admission)	CE (Where deceased lived, If institution: res	4. USUAL RESIDENCE IN	INCED DEAD	WHERE PRONOL	MORE MARTLAND,	. PLACE IN BALTI
5 30		Maryland c.city or town	UTION, GIVE STREET	MITAL OR INSTITUTE CATION)	(IF NOT IN HOSPI ADDRESS OR LOC BALTIMORE	FULL NAME OF HOSPITAL OR INSTITUTION
NO 🗌	YES YES	Baltimore			4940 Easte	2
	MMBER mter Avenue 21206	E. STREET AND NUMBER 1022 Sumter			Baltimore,	3/
1 Yr. if Under 24 Hrs. Days Hours Min.	9. AGE (in years if Under	8. DATE OF BIRTH	NEVER MARRIED	7- MARRIED	6. RACE	SEX
707	lost birthdox Yrs. Months	1/30/85	DIVORCED	WIDOWED	e White	Female
N OF WHAT COUNTRY	te or foreign country) 12. CITIZ	11. BIRTHPLACE (State of fo	BUSINESS OR INDUSTRY			
JSA	J b	Maryland		9)	orking life, even if refired)	House w
	DEN NAME	14. MOTHER'S MAIDEN N				3. FATHER'S NAM
	ne Lofton	Catherine 1			ON	MARI
ADDRESS	4940 Eastern Avenue	17. INFORMANT	1 & SOCIAL	Ferces!	Ever in U. S. Armed Fo	
21224	Baltimore, Maryland	BCH RECORDS*	220-20-4349		it yes, give war or oa	NO OF WHENDWIN
APPROXIMATE INTERVAL					5.51	18.
1965 2 months 1965	hal Infanct "Left Toe	ngrene L	SIP	ed death.) (ES I any, giving a) stating the CONTRIBUTING THE TERMINAL	isthenia, etc. It mean illication which cause NTECEDENT CAUSE R CONDITIONS, it above cause (A) CONDITION last.	Injury or comp A DISEASES OF the UNDERLYING
CONSIDERED EATHYES	Yes or No. 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	20A AUTOPSY (Yes or Yes	VHICH OPERATION		OPERATION 19% CO WAS PE	
exact location)	EDID (if in Boltimore City, give CCUR?	or about 21C. WHERE DID ince bldg. INJURY OCCUR?	e, form, factory, street, o	21B. hom etc.)	T WAS UNDERLYING TING CAUSE OF medical examined	OR CONTRIBUT
	DID INJURT OCCUR?		INJURY OCCURRED Not While At Work		[Month! (Doy) Year	21 D. TIME OF INJURY (APPROXI
	Stoff 1	lew the body ofter death	(We) (did)(did not)	sed offve on_		that (1) (we) 1
ADDRESS	Maryland 21224 240. LOCATION (City, town, or Ba/TU, Md	4940 Eastern Baltimore, Ma	Dedite	Ruxin, ME 24C.N/ 7/ 044	Robert F	23C. PHYSICIAN NAME (Ty) 24A. BURIAL CREN REMOVAL (S) BURIAL SA
	ond that In(my) (our) opinion death reach. Staff Phys. 23R, DATE Phys. 23R, D	o 19 ond lew the body ofter death adding of Director o	(We) (did)(did not)	Ruxin, ME	rs Robert F AATION, 246, DATE pecify) 8V-HEALTH DEP	22. I certify that (1) (we) I ond hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) REMOVAL (SEMOVAL (SEM

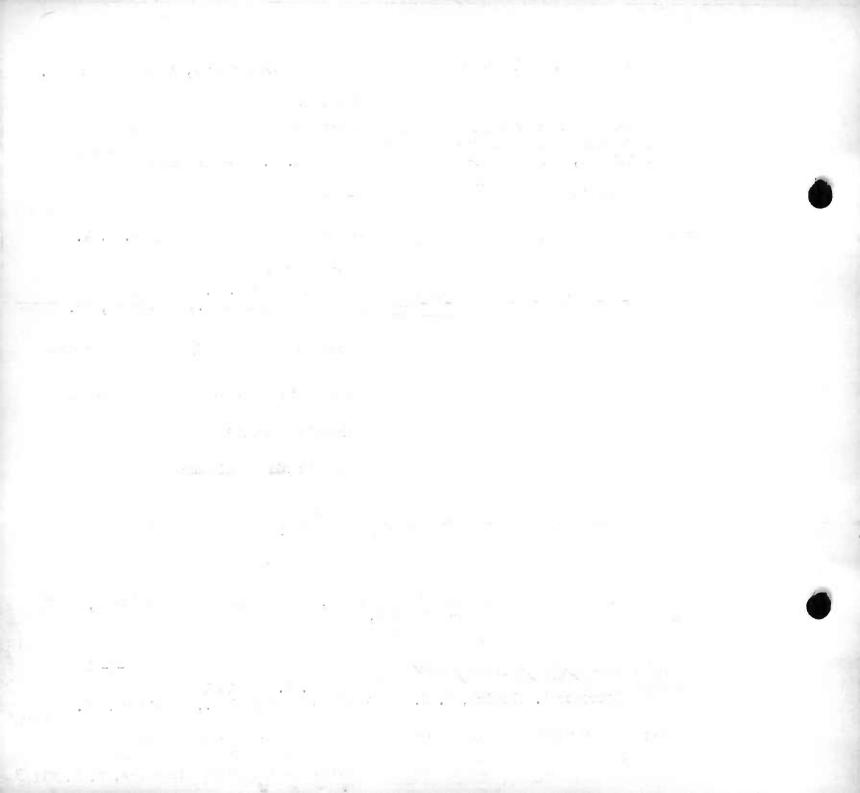


H-235 m	1 0045			HEALTH DEPARTMEN		71. 8315
BIRTH NO.	r 8379		CERTIFICA	TE OF DEATI	H REG. NO	00.20
1. NAME OF DE (Type or Print)					E AND HOUR OF DEATH	
3 PLACE IN BA	HIGDON, W			NA HELIAL RESIDENCE	eptember 1,	1971 8:03 1
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	A. STATE B. C	OUNTY	institutions residence before odmis
FULL NAME OF	F (IF NOT IN HOSP	TAL OR INS	STITUTION, GIVE STREET	MARYLAND	(CITY)	536
NSTITUTION			ration Hospital	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
23	3900 Loch R		-	BALTIMORE E. STREET AND NUMBI	E D	YES X NO
	Baltimore,			61 Transver		
S. SEX	6. RACE		ED K NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
Male	Caucasian	WIDOW	ED DIVORCED	9/17/95	lost birthday	Months Days Hours M
OA, USUAL OCC	CUPATION (Give kind of wo f working life, even if refired)	rk 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign countryl	12. CITIZEN OF WHAT COU
BARBI	ER		SORIAL	MC LEAN CO.	, KY.	USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
SAMUEL	HIGDON			SUSAN REYNO	LDS	
5. Was Decease les, no ar unknow	d Ever in U. S. Armed Fo	arces? tes of servic	el SECURITY 100	17. INFORMANT		ADDRESS
YES	IWW		236-24-11	CLIN RODS, V	AH, BALTIMORE	MARYLAND
18.7	2: /		CAUSE OF DEAT	H		APPROXIMATE INTERV
DISEA	SE OR CONDITION D				of left lung	approx
(This does	LEADING TO DEATH	-	(A) IMMEDIATE CAL		legrastrium	l year
heart failure,	, osthenia, etc. It mean	s the disea	se, DUE TO, OR AS	A CONSEQUENCE OF:		
infail or co	mplication which cause					
D1054.050	ANTECEDENT CAUSE		(8)	*****		
rise la II	OR CONDITIONS, if se above cause (Al	any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:		
	G CONDITION lost		(c)			************************************
7	11					
OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING THE TERMINA	G AL			
	CONDITION GIVEN IN PA	RT 1 (A).		20A. AUTOPSY? (Yes o	Noll 208 IE VES WERE	FINDINGS CONSIDERED
19A. DATE 0	771 WAS PE	REORMED	na of left lung	YES	IN CERTIFYING C	AUGES OF DEATH?
J 21A. ACCIDE	NT WAS UNDERLYING		18. PLACE OF INJURY (e.g., i	or obout 21C, WHERE DI	D (II In Baltimo	ore City, give exact lacation!
DEATH (notif	UTING CAUSE OF 'y medicol exominer		name, form, factory, street, at	fice bldg., INJURY OCCU!	R?	
21 D. TIME	(Manthi (Doy) (Year	(Haur)	TE INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			While At Not While			
			Work At Work	\	71	
	that (%) (this haspite			August 25.		September 1, 19 7.
			September 1,			olnion death occurred on the
and hour on		oted above	· 00 (We) (did) 00000000000000000000000000000000000	lew the body ofter dea	th.	less Bare eleves
0	- 1/	4) O AHo	nding Med.	7 Shoff CT	23B, DATE SIGNED
23C. PHYSICI	mald Ho	rajor	Phys	. Director L	Staff Phys.	9/2/71
NAME (Type)	I II O OVER		23D. ADDRESS		
AA. BURIAL CO	DONALD E		DEGREE	VAH, BALTIMO		21218
REMOVAL	Specifyl 248. DATE		NAME of CEMETERY OF CRE	MATORY 241	D. LOCATION (C	City, town, or county) (Stat
Burial	9/4/7	1	Holly Hill E OF REGISTRAR		Baltimore	Belto Md
25A. DATE REC'I		258. NAM	e of registrar	25C, FUNERAL DIREC		/ ADDRESS
/S 150=REV. 1/1.	EP 7 1971	ywords	E, Jaben, M.D.	William	Johnson 85	21 Loch KAUEN DU

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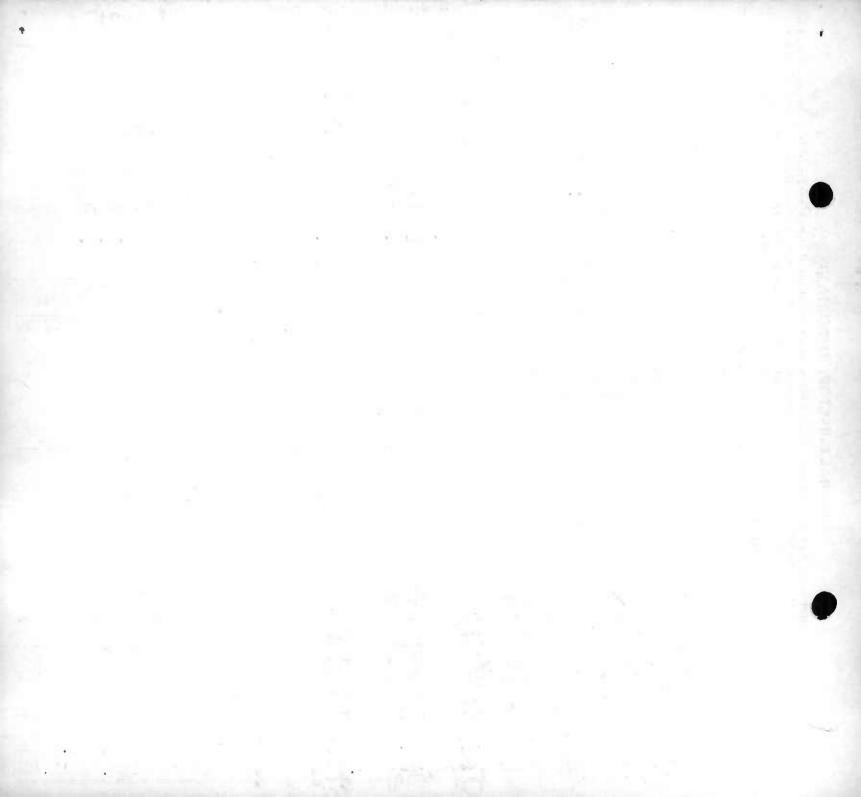
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The Manual Control of the State
The state of the s

X	161					BALTIMORE CIT	Y HEALTH DEPART	MENT		a . A		
	RTH NO.	71	831	6		CERTIFICA	TE OF DEA	ATH	REG. NO.	1	8316	
	NAME OF DEC		2022				2.	DATE AN	D HOUR OF DEATH			
L		DAVEN	PORT, I	avid	Dalt	on		Sept	tember 1, 19	71	8:15	Δ
L	PLACE IN BAL						A. STATE Maryland	& COUN	tember 1, 19 de deceased lived. Il in	stitution:	residence belare a	dmissian)
H	OSPITAL OR					N, GIVE STREET	C. CITY OR TOWN		12141	DE CITY	CA /	10
	V	eterans	s Admin	istra	ation	Hospital	Baltimore	3	D. 11451	YES X		
3			ch Rave				E. STREET AND N	UMBER		its (A	7. J. J. V.	
L	Ва	altimon	re, Mar	yland	1 212	18	3019 Apt	. A.	Romaric Cour	rt	21209	
5.	SEX	6. RACE		7- MARE	IED X	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		or 1 Yr. Unde Days Haurs	24 Hrs.
	Male	Caucas	sian	WIDON	VED	DIVORCED	1-30-15		lost birthdayl	Months	Days Haurs	Min.
do	A. USUAL OCCU	PATION (Giv	e kind of wark	10B, KINI	OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Sto	ale or larei	gn country!	12. CIT	ZEN OF WHAT C	OUNTRY?
	Bricklay	er	an a remed,				Louisiana			U.	S. A.	
134							14. MOTHER'S MAI	_	A E			
	David Da	_					Dora Simp	son				
15. (Ye	Was Deceased s, na at unknown!	Ever in U. S (If yes, give	Armed Fore	es? of servi		SOCIAL SECURITY NO	17. INFORMANTRE	cords	V. A. Hosp	ital	ADDRESS	
	Yes	8-27-3	86 to 1	-18-1	15 4	38-36-8266	3900 Loch	Rave	n Blvd., Ba	ltimo	re. Md. 2	RICE
	18.	101				CAUSE OF DEAT	Н			-	APPROXIMATE IN	_
			DITION DIR	ECTLY							BETWEEN ONSET AN	ND DEATH
		LEADING T				(A) IMMEDIATE CAL	196		nal failure		2 Weeks	S
	(This does no heart failure, o injury or comp	slhenio, eld	. Il means	the dise	e.g., ase,	DUE TO, OR AS	A CONSEQUENCE OF:	:	************************			
	1	NTECEDEN					Alcoholi	ic her	patitis		3 Weeks	
	DISEASES OF	R CONDIT	ONS. If a	nv. ais	ing	(B)	A CONSEQUENCE O	E.	************		J NCCA.	
	rise to the	obove c	ouse (A)	stoling	the	- 10, 0 k A	Chronic	2] 00]				
	UNDERLYING	CONDITIO	N last.			(c)	OHIOHIC	arcor	TOTISM		*************	********
NO	OTHER SIGNIFIC	II CANT COND	ITIONS CON	TRIBUTIN	1G		Chronic	ai rwa	y disease			
ATI	TO THE DEATH DISEASE OR CO	BUT NOTRE	LATED TO THE	E TERMIN	AL	*************			-, azooabo		-7	
CERTIFICATION	19A-DATE OF	OPERATION	19B CONE	ITION FO	OR WHIC	H OPERATION	NO NO	'es ar Na)	20B. IF YES, WERE FI	NDINGS SES OF	CONSIDERED DEATH?	
	21A. ACCIDENT	WAS UND	ERLYING		21B. PLA	E OF INJURY le.g., I	n at about 21 C. WHER	E DID	(II in Baltimore	City, giv	e exact location)	
MEDICAL	OR CONTRIBUT	medical exam	nined		eic.)	m, lociory, sheet, ol	fice bidg., INJURY OC	CUR?	V			
AED	OF INJURY	(Manthl (D	ay) (Yearl	Houd		JRY OCCURRED	21F. HOW	DID INJU	RY OCCUR?			
<	IAPPROX.)				While At Work	Nat While	· 🗆					
	22. I certify t	hot 女女(thi:	s hospital)	attende	d the de	ceased from A1	igust 9.	1/	71_to_Ser	temb	er 1, 19	71
	that 🐧 (we) 1					September			t in(***) (our) opin	tan daa	th accurad as a	-f-ala -la-al-a-a
	0						lew the bady after	Janet.	interior (out obtin	idit dedi	in occurred on i	ne date
	23A. SIGNATUR	E			ACAL V	, (212) (313/313/) A	tew the budy difer	dedin.		23R DAT	E SIGNED	
	1	unen	1	F	finis.	an Alle	nding Med.		hys. 🔼	_	-1-71	
	23C. PHYSICIAN	rs	11.	/ /	Ly	DEGREE Phys						
	NAME (Typ	Lawr	ence A	. Fle	ming	M. D.			spital Blvd., Bal	timor	e. Md.	
244	REMOVAL (Sp	ATION, 24B	DATE	240	NAME	of CEMETERY of CRE	MATORY	24D. LO		, town, a		State)
	Burial	9	/4/1971		Dru	id Ridge Ce	meterv	Pil	esville, Ma	my 1 a -	ad	
25A	DATE REC'D	Y HEALTH	DEPT.	SB. NAN	E OF RE			IRECTOR	8728 Libert	v Ros	ADDRESS	
									uneral Dire			1127
10	150 051/ 1/1//							-	DILE	CCOTS	29 2 0 12 0 4	21135



VS 150-REV. 1/1/6

7.225			BALTIMORE CITY	HEALTH DEPARTMENT	1-1.1	COLD
DIDTH NO	71 8317		CERTIFICA	TE OF DEATH	REG. NO.	8317
BIRTH NO.	EASED				AND HOUR OF DEATH	
(Type or Print)	Jenkins, L	Inwood			-Opm Aug 30,	19711
3. PLACE IN BAL		IERE PRONOU	NCED DEAD	4. USUAL RESIDENCE IV	Where deceased liked. If is	mstitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	A. STATE B. CO	YINU	2834
HOSPITAL OR	ADDRESS OR LOCA	IION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
33				Baltimore		YESXX NO
mb - To	boo Hanlaine	77	h = 1	E. STREET AND NUMBER	R	
The oc	hns Hopkins	Hospi	tal	614 Winans	Way	
Male	Cau	WIDOWED	NEVER MARRIEDX	8. DATE OF BIRTH 5/14/27	9. AGE (in years lost birthdoy) 44	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCL	PATION (Give kind of work)	OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stoto of	loreign country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if refired)	7.7	7/1 77 77			
3 FATHER'S NAM	utive	wester	n Md. R.R.	Va.		U.S.A.
	-			14. MOTHER'S MAIDEN		
	r Jenkins			Ruth Sco	ott	
5. Was Deceased	Ever in U. S. Armed Force (If yos, give war or dates	of service)	6. SOCIAL	17. INFORMANT	644 **	ADDRESS
No	In your give war or boiles	or services	SECURITY NO.	7/ 777	614 W	inans Way
18.	271		CAUSE OF DEAT	Mrs Elizabe	eth S. Viss	
570			CAUSE OF DEATH	•		BETWEEN ONSET AND DEATH
	E OR CONDITION DIRE LEADING TO DEATH	CILY		SE Cardiac	Direct	Carri
(This does no	at mean the mode of	lving. e.g	(A) IMMEDIATE CAU		Arrest	0 min
heart failure,	asthenia, etc. It means t	ne disease.	DUE IO, OK AS	CONSEQUENCE OF:		
	plication which caused a	leath.)	11 1	, ,	- 1	
A	INTECEDENT CAUSES		m Hupot	ension, Pulm	onary Edem	a
DISEASES O	R CONDITIONS, if a	ny, giving	DUE TO OR AS	A CONSEQUENCE OF:	0	
rise to the	above cause (A) a	staling the		itic Heart	Disease	
UNDEKLING	CONDITION IGEL		(c) 1 (1/2 01/3	III a Hear	0124004	
2	- 11					
TO THE DEATH	CANT CONDITIONS CON H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	TERMINAL	***************************************	***************************************		######################################
19A.DATE OF	OPERATION 198 COND	TION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yos of	No. 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
				NO	III OCKIII IIIIO CA	osts of brain.
OR CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF medical examines	218, P home, etc.)	LACE OF INJURY le.g., in farm, foctory, street, af	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
21 D. TIME	(Month) (Doyl (Year)	(Houd 21E 1	NJURY OCCURRED	21F. HOW DID I	NJUSY OCCUST	
OF INJURY		White	At Not White			
		Wark		_		^ 21
22. I certify	that (1) (this hospital)	attended the	deceased from AV	2.39	1971 to AUG	30 19/
that (1) (we)	last saw the deceased	alive an	Aug 30	19 71 and	that in(my) (our) opi	nion death occurred on the date
		-	(Wa) (did) (did not) w	ew the body after deat		
23A. SIGNATUI		22010.(1.)	tues (laid) (aid iidi) A	ew the body differ death	Ne .	TOTAL CHANGE
RADA	w (some	MI	Ana	iding Med.	Sheff F	23B, DATE SIGNED
10000	1 Jones	1.60	DEGREE Phys	Director L	Phys.	Mug. 50, 19/1-
PAME A				3D. ADDRESS		
0	Barry Coop	er,	M.D.	The Johns	Hopkins Hos	spital
A. BURIAL CREA	MATION, 248. DATE	24C. NAA	AE OL CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ly, town, or county) (State)
REMOVAL (S	The last transfer of the last					
Entombm	the state of the s		caine Pk. M	lausoleum	Baltimore (County, Md.
C -	L+7 1071	SE NAME OF	Ja.a. 22	G. Truman S	OR .	Balto Natil Pik
		THE WALL	WALLEY TO BE	LIALL GENERAL O	CALMAIN DID	Dallo Mat. I. Pik



IMPORTANT

DIRECTOR:

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VS 150-REV, 1/1/68

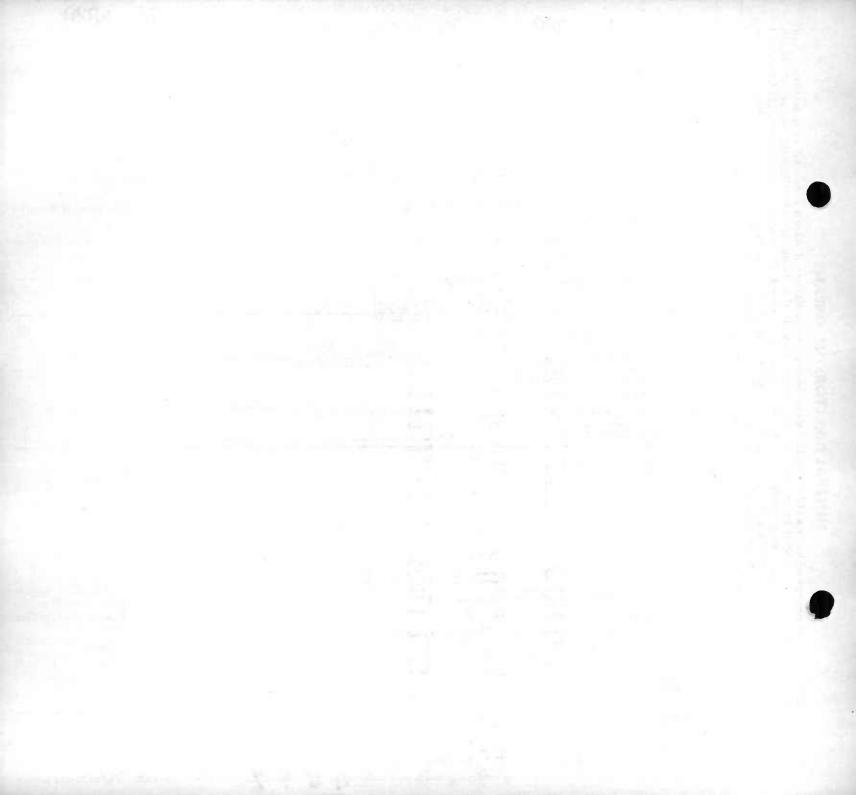
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a hospital and

4 150	174 0219		BALTIMORE CITY	HEALTH DEPARTMENT		204
BIRTH NO. 7	14090-99	1	CERTIFICA	TE OF DEATH	REG. NO.	71 8319 6
I. NAME OF DI	CEASED		-	2. DATE A	IND HOUR OF DEATH	H
TYPHUTTOI				SEPT	EMBER 2, 1	1971 1:00 A.
3. PLACE IN BA	ALTIMORE, MARYLAND, V	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived, If	institution: residence before admission
FULL NAME O	F (IF NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	MARYLAND	4-	2834
HOITUTICH				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
2 WILKE	NES HOSPITAL NS & CATON A	VENILES		BALTIMORE		YES NO
	10RE MD 2122			E. STREET AND NUMBER 706 WINANS	WAY	21229
S. SEX	6. RACE		NEVER MARRIED XX	8. DATE OF BIRTH	9. AGE Un years	I If Under 1 Ve. If Under 24 Mar
MALE	WHITE	WIDOWED	DIVORCED [08-27-71	lost birthdoy)	Months Days Hours Min.
done during most of	CUPATION (Give kind of world) f working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY
	on e	1 411		MARYLAND		USA
3. FATHER'S N		-		14. MOTHER'S MAIDEN NA	AME	
DAVID	HUTTON			(DEPPERT) SU	ISAN	
	nd Ever in U. S. Armed For	rees?	6. SOCIAL			TIMOR POPUS 21229
NO	in year give war or con	es of services	SECURITY NO.	ST AGNES HOS	SPITAL WIL	KENS & CATON AVE
18, 7 /_	CO VI		None CAUSE OF DEATH			APPROXIMATE INTERVAL
UNDERLYIN OTHER SIGN	te above cause (A) IG CONDITION last. II IFICANT CONDITIONS CONTRIBUTIONS TO THE	NTRIBUTING	(C)	A CONSEQUENCE OF:		
DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or N	all 20R IE VES WERE	EINDINGS CONSIDERS
19A. DATE O	WAS PER	FORMED	WILLIAM ON CARAMON	NOT YES	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING LIUTING CAUSE OF y medical examiner	21 B, P home, elc.)	LACE OF INJURY (e.g., in form, foctory, street, off	or obout 21C, WHERE DID	(if in Boltima	ore City, give exact location)
21D.TIME OF INJURY (APPROX)	(Monthi (Doy) (Year)		NJURY OCCURRED Not While	21 F. HOW DID IN	JURY OCCUR?	
22. 1 cortifi	y that UF(this hospital		At Work	8/27	19 9/. to	9/2 1971.
	I last saw the decease		9 //	/ 21		
			(WA CALA) ALL	ew the bady after death.		Inion death occurred on the dot
23A. SIGNAT	URE	1		en the body direr death.		238, DATE SIGNED
fu	usuma Pru	RSapong		ding Med.	Staff Phys.	9/2/31.
23C. PHYSICI	Typel	0116200		3D. ADDRESS		28p.
44 - 140:		PUKSAPO	DEGREE	07,	Jours 110	1
AA. BURIAL CR	EMATION, 248. DATE	24C. NAA	AE of CEMETERY or CRE	MATORY 24D. L	OCATION (C	ity, town, or county! (State)
Crema	ion 9/3/7	71 Lee	e Crematory	Wa	ashington,	D.C.
SA. D'ATE REC'	SEP 7 171	258. NAME OF	Jabes M.D.	25C. FUNERAL DIRECTO	R	ol Frederick Rd.
		1 1/. // / // //		Edward D. 1	MacNapp 30	i rrederick ko.

The same of the sa Marian and Marian and American
1	130	BALTIMORE CITY	HEALTH DEPARTMENT	78 0220
100	TH NO. 71. 8320	CERTIFICA	TE OF DEATH REG.	NO. /1 8560
	AME OF DECEASED		2. DATE AND HOUR OF	DEATH
1.7	ARTHUR W	Beners	9-	7-71 1 1045 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE IWhere deceased li	ved. If institution; residence before admission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C.CITY OR TOWN	D. INSIDE CITY LIMITS?
-	South Bolt-one (seneral Host.	E. STREET AND NUMBER	YES NO
	7.3	V	2500 W. Pate	7
5. 3	6. RACE UL LE 7. MARI	MED DIVORCED	8. DATE OF BIRTH 9. AGE (In yellost birthdoy)	Months Doys Hours Min.
EDA	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	De Salo (2)		Virginia	US-A.
13.	FATHER'S NAME	1	14 MOTHER'S MAIDEN NAME	11
15.1	Mas Decessed Ever in U. S. Armed Forces?	S [1 6. SOCIAL	12 eline Powe	-11
(Yas	no at unknown) (If yes, give wat or dates of servi	SECURITY NO.	.C	ADDRESS
	18.	CAUSE OF DEATH	Som	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAST OF BEAT	1/1	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	(A) IMMEDIATE CAU	SE Myoeandia La A CONSEQUENCE OF:	ntention- 12 hrs
	injury or complication which caused deoth.)	ase,	1 1 0 1	1 12
	ANTECEDENT CAUSES	(e)	Arteriosalezatio H	east lisesse
	DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:	
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	(c)		
	11			
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL		
2	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. OATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yas or No) 20B. IF YES.	WERE FINDINGS CONSIDERED
CERTIFICATI	WAS PERFORMED		e S IN CERTIFY	NG CAUSES OF DEATH?
CAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (natify medical examines)	21B PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	ice bldg. INJURY OCCUR?	Boltimare City, give exact location)
MEDI	21D-TIME (Manth) (Day) (Year) (Haud) OF INJURY	21E INJURY OCCURRED	215 HOW DID INJURY OCCUR?	
2	(APPROX)	While At Not While Work		- 1
	22. I certify that (1) (this haspital) attend	ed the deceased from.	30-A-9 197/10	Z-Sept 19.71
	that (We) last sow the deceased alive	on Z-Sept	19 7 (ond that In (my) (o	on) opinion death occurred on the date
	ond hour and from the causes stated aboy	e. (1) (41d) (did not) vi	ew the body ofter death.	
	23A. SIGNATURE		nding Med. Staff	23B, DATE SIGNED
	23 C. PHYSICIAN'S NAME ITYPE	DEGREE Phys.	3D. ADDRESS / Phys.	2-3-1
	Kichard E Fi	sher MTD	South Baldi-	one Gen. Hosp.
24A	BURIAL CREMATION, 248, DATE 241	C.NAME OF CEMETERY OF CREE	MATORY 24D. LOCATION	(City, town, or county) (State)
254	BURIAL 9-4-7/	CEYAR HILL	RICKEY A	twy Glen Burnie m
	SEP7 1971 1684	E Jaiben M. B.	25C. FUNERAL DIRECTOR	Hah
	150-REV. 1/1/68			- / 1/



IMPORTANT

DIRECTOR:

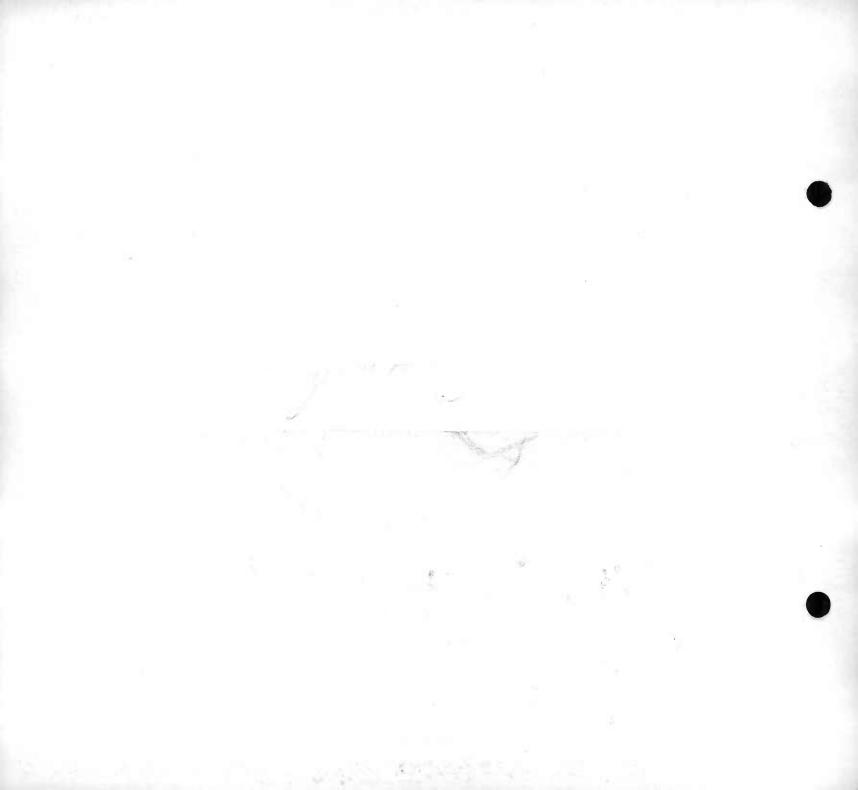
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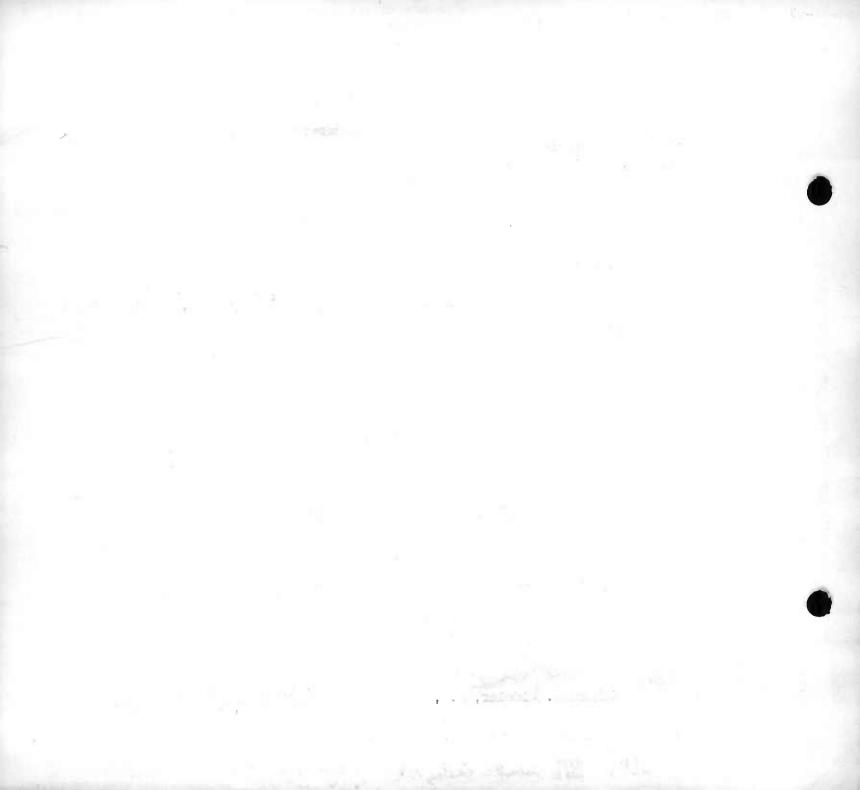
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DIRECTOR:





SIGNATURE. Peter Lipkovic, M. D. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** 9/3/71 NAME (Type) 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore, Maryland Burial 9-8-71 Mt. Calvary 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Robert E Jak Mary-Wlizabeth Law 802 Madison Ave. VS 151-REV. 1/1/68

(State)

IMPORTANT

DIRECTOR:

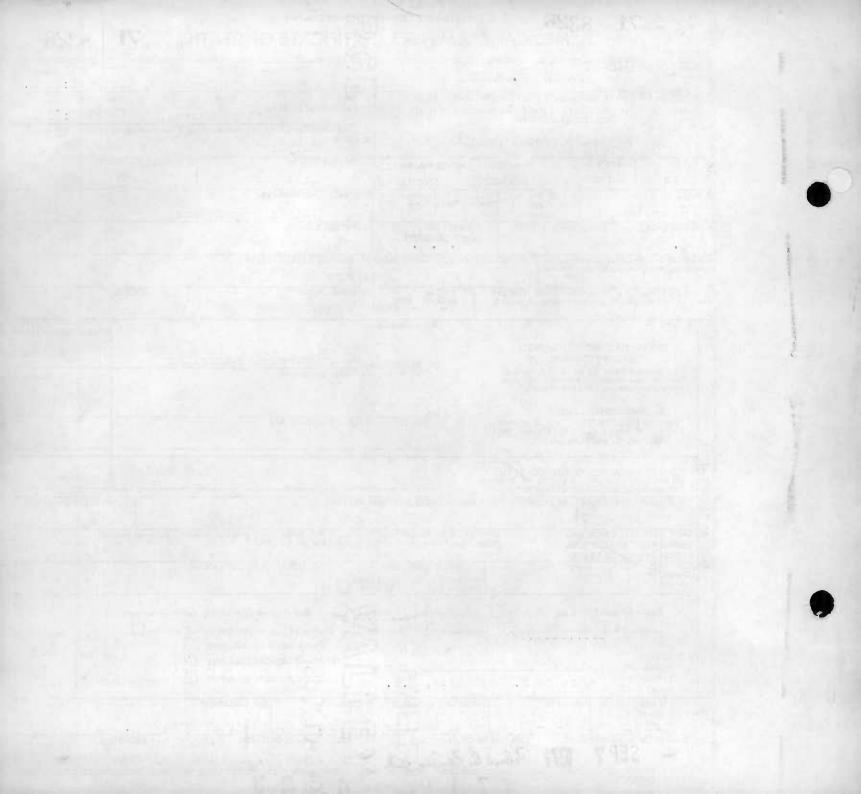
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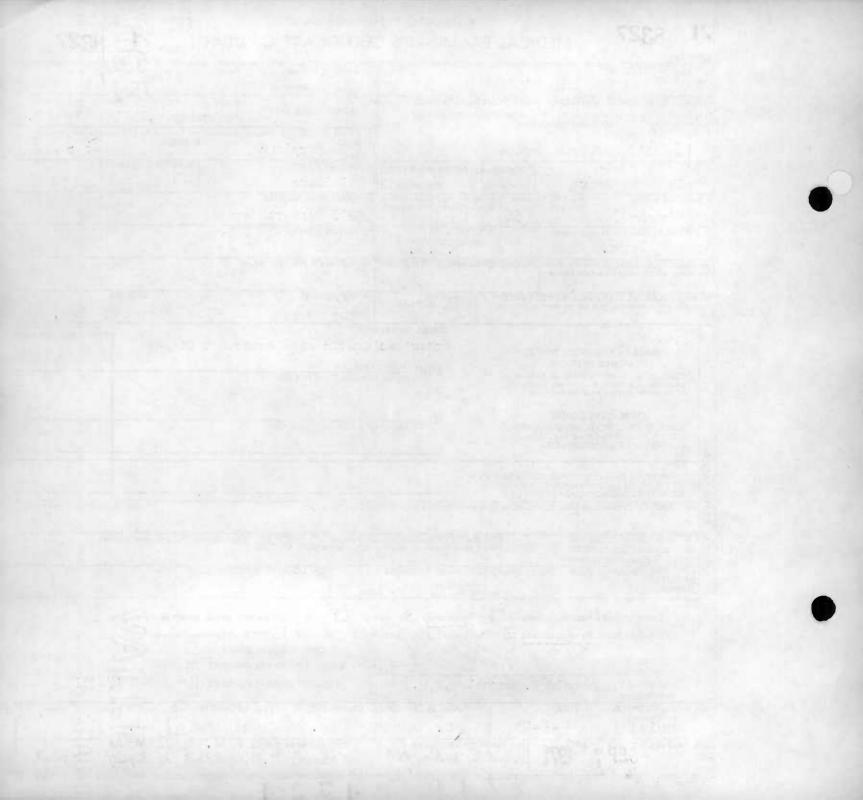
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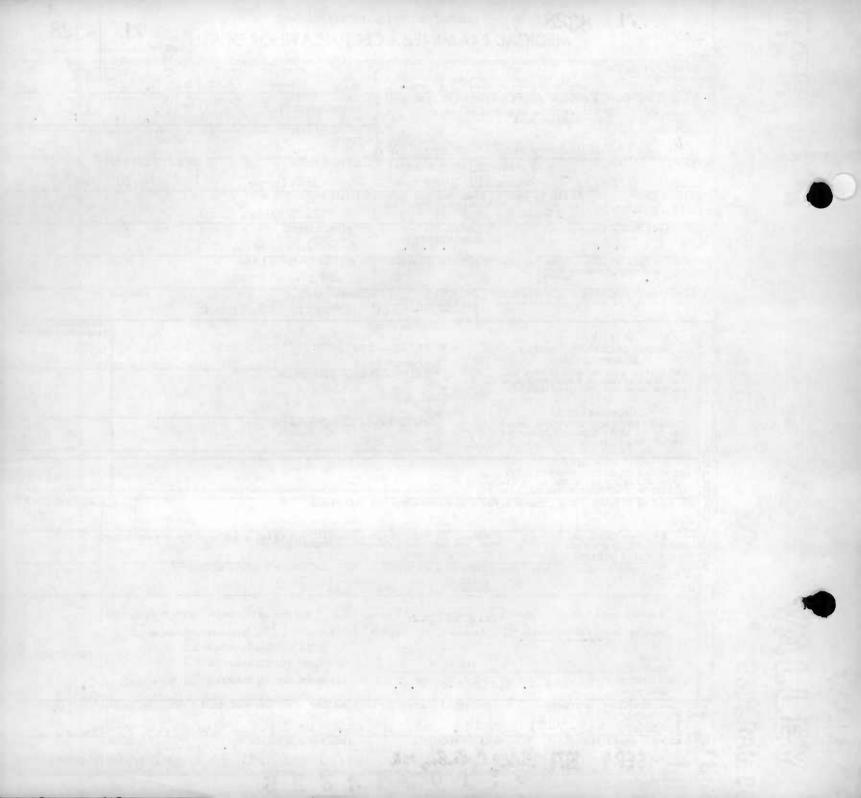
	-626 TH NO.	71 8	326 MED	ICAL I	BALTIMORE C				F DEAT	TH REG. NO.	71	8326
1. ľ (Typ	IAME OF DEC	EASED	JAMES	E.FRA	ZIER		2. DATE OF DEATH	Known 🔀		ember 2,	19	71 12:03 A.
FULI	NAME OF	(IF NO	T IN HOSPITA	L OR ÍNSTITU NON)	NOUNCED DEAD ITION, GIVE STREET Spital		3. DATE PRONO				19	71 12:03 A
6. S	10	7. RACE			NEVER MARR	IED T	C. CITY OF	Marylan Riown	а	D. INSIDE CI	TY LIMI	TS?
	Male	Negro		WIDOWE	_	process		Baltimo		YE	s 🛅	NO 🗆
	ATE OF BIRTH		10.AGE (In	years (f M	Under 1 Yr. II Under onths Days Haurs	24 Hrs. Min.	E. STREET	AND NUMBER	nney Av	enue		
-	IRTHPLACE (S	tote ar foreig	n country)	12.	CITIZEN OF WHAT COUNTRY	7	I3. FATHER					
4A.	USUAL OCCUI			48. KIND O	F BUSINESS OR IN	NDUSTR	15. MOTHE		NAME			
ló. Yes	WAS DECEASE no or unknown)	D EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY I	40,00	18. INFOR	MANT		same	DDRESS	5
TION	(This does not heart failure, injury or com AN DISEASES C RISE TO THE UNDERLYIN	E OR COND LEADING TO of mean the asthenia, etc. pilcotton which ITECEDENT DR CONDITI: ABOVE CAI IG CONDITI	DEATH made of dy . It means the th coused dec CAUSES ONS, IF ANY USE (A) STAT ON LAST.	ing, e.g., disease, ih.) , GIVING ING THE	(B) DUE		AS A CONSEC	Traveno QUENCE OF:	us narco	otism		
	TO THE DEA DISEASE OR 20A. DATE OF		RELATED TO GIVEN IN PA N 208. CON	THE TERMINA		ION W	AS PERFOR!	MED			21. A	UTOPSY? (Yes ar Na) Yes
MEDIC	UNDERLYING CAI UTING CAI 22D. TIME (OF INJURY (APPROX.) 23. I cert result	Month) (D	TRIB- TH. Day) (Year) (Hour)	B.PLACE OF INJUME, form, foctory, str 22E.INJURY OCC WHILE AT	URRED NOT AT V	WHILE CONTROL TO THE PROPERTY AND THE PR	22F. HOW DID	injury occ n this basis Undeterm	, death in my	opinio	
24A REA	SIGNATU EXAMINI NAME (T BURIAL CREA NOVAL (Specil Buria	ER'S C ype) MATION, 2	harles	- x =	ringate, M 24C. NAME of CEA	METERY	or CREMATO	ORY 2	AL EXAMINER 4D. LOCATION	□ Sept	, ar co	er 2, 1971 unty) (Stote)
254	. DATE REC'D			258. NA	ME OF REGISTRAR		25C.	FUNERAL DIR	CTOR V.	Bailey A	DDRES:	Street



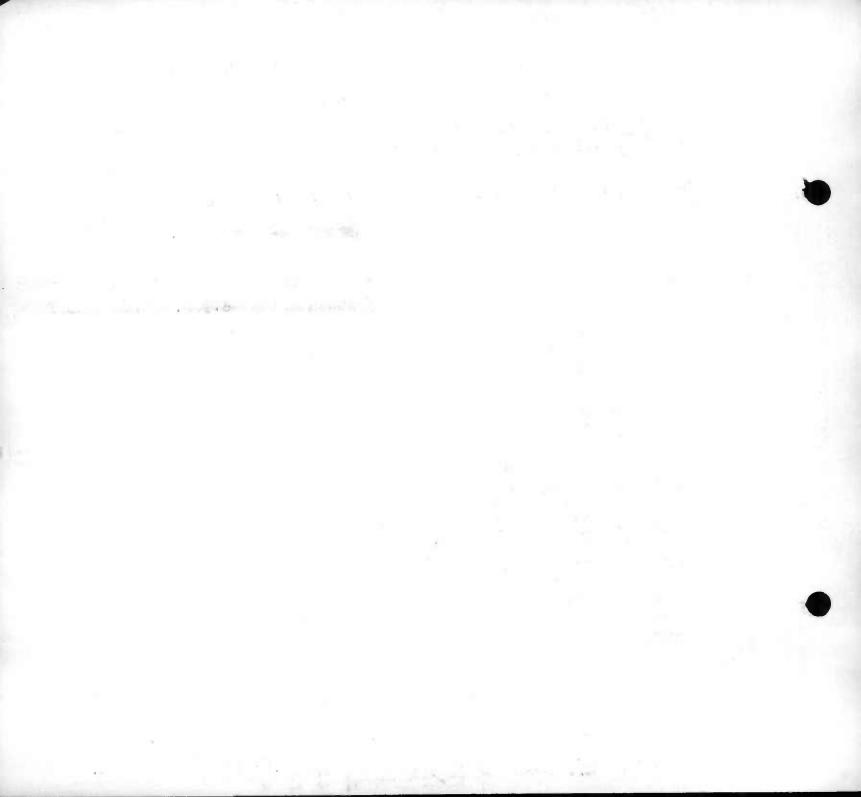
VS 151-REV. 1/1/68

2).1.	BIRTH NO. 1. NAME OF DECEASED (Type or Print) WILLIAM DAVIS 2. DATE Known Month Day Year Hnur OF DEATH Estimated Estimated	M.							
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3. DATE Month Day Year PRONOUNCED DEAD PRONOUNCED DEAD September 4, 1971 7:00 P 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)	. M.							
	5315 Bosworth Avenue A STATE Maryland B. COUNTY	2							
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?								
	Male Negro widowed □ Divorced □ Baltimore YES ▼ NO □								
	9. DATE OF BIRTH 1-13-13 10. AGE (in years H Under 1 Yr. H Under 24 Hrs. E. STREET AND NUMBER Months: Doys Hours Min. 5315 Bosworth Avenue								
	11. BIRTHPLACE (Stote or loreign country) Tenn. 12. CITIZEN OF WHAT COUNTRY?								
	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even il retired)								
MM	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS Mary Davis 5313 Bosworth Ave.								
	Mary Davis 5313 Bosworth Ave. [19. // CAUSE OF DEATH APPROXIMATE INTER	VAL							
	Arteriosclerotic cardiovascular disease	DEATH							
	DISEASE OK CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	O TO THE DEATH BUT NOT DELATED TO THE TERMINAL								
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or N	(0)							
	222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) 100								
	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) m. WORK 22E. INJURY OCCURRED OCCUR? WHILE AT NOT WHILE AT WORK								
	23. I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion								
	resulted from: Notural causes Accident Suicide Homicide Undetermined monner								
	ACTUAL SIGNATURE ACTUAL M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED M.D.)							
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE SIGNATURE X ASSOCIATE MEDICAL EXAMINER 1 9/5/71	0							
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Ronald N. Kornblum, M, D. ASSOCIATE MEDICAL EXAMINER 9/5/71 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)								
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER SIGNATE SIGNED M.D. ASSOCIATE MEDICAL EXAMINER SIGNATION (City, town, or county) (Stote)	-							





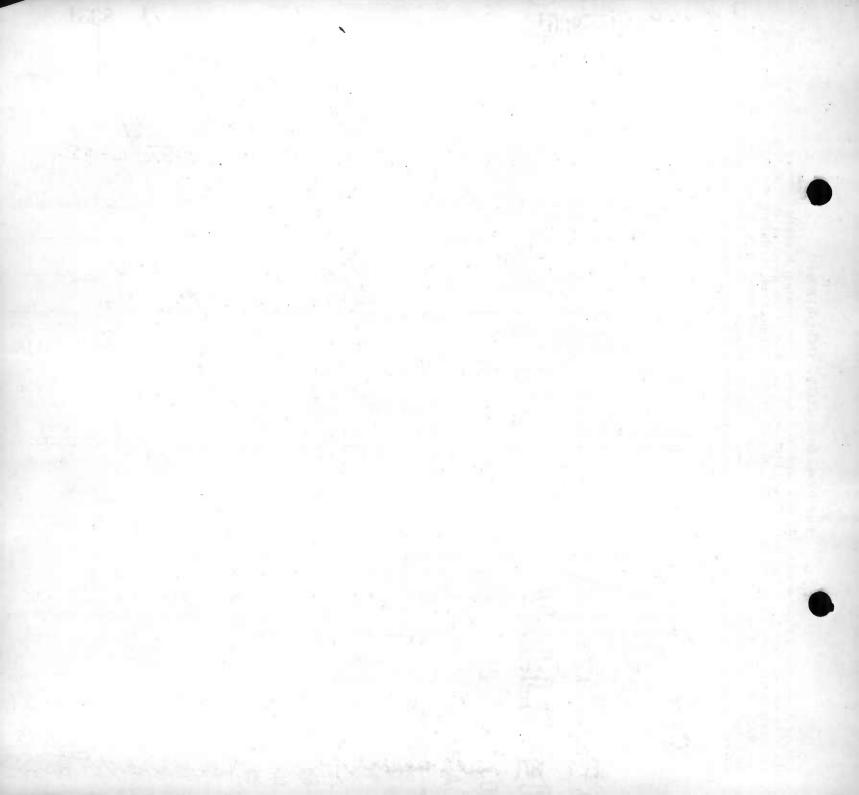
111-	1120			BALTIMORE CIT	Y HEALTH DEPARTMENT		100.4
BIRTH I		71 8	3329	CERTIFICA	TE OF DEATH	REG. NO	71. 8329
Type o	Fint)	ASED 16	For	NCES	2. DATE	AND HOUR OF DEATH	45
3. PLA	CE IN BALT	MORE MARYLAN	D, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	/here deceased lived, If	institution: residence before admission)
HOSPIT	AME OF	ADDKE22 OK I	LOCATIONI	STITUTION, GIVE STREET	MARYLA	Nd	1700
INSTITU	L	uthera	N Ho	SPITAL	C. CITY OR TOWN	ORE D. IN	YES NO
74	9	BAltin	nore,	md. 21216	E. STREET AND NUMBER		L ct.
5. SEX	-	S. RACE	WIDOW		8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
IOA, USL done duri	IAL OCCUI	PATION (Give kind of orking life, even if reli	work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATH	HER'S NAM	E			14. MOTHER'S MADEN N	VA.	4.5
					THE STANDER IN	AME	
(162,10 0	Deceased E or unknown) (ver in U. S. Armed If yes, give war or	Forces? dotes of service	16. SOCIAL SECURITY NO. 213-32-006	17. INFORMANT	(TRIEND)	11 TO ADDRESS TO THE
18.	250	.9-1		CAUSE OF DEAT	AGMES ALL	Th SIA In.	APPROXIMATE INTERVAL
	L	OR CONDITION EADING TO DEA	TH		Aguita D.	Para e z	BETWEEN ONSET AND DEATH
neg	rt lailure, as	mean the mode sthenia, etc. It me	ons the disea	.g., DUE TO, OR AS	A CONSEQUENCE OF	Paronary Em	bous m
inju	ry or campi	icalian which cau	sed death.)	-		1017	
DIS	EASES OR	CONDITIONS.	if any, givi	ing (B) DIE TO, OR AS	A CONSEQUENCE OF:	rellitas	
rise	la lhe	abave cause ((A) stating t	(c) P 2	eun ouh		
Z 07711	ED CLCVUELO	11		,/			
V DISE	HE DEATH	ANT CONDITIONS BUT NOT RELATED T NOTION GIVEN IN	O THE TERMINI	AL			
19A.	DATE OF O	PERATION 198. C	ONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CO	ACCIDENT CONTRIBUTI TH (notify m	WAS UNDERLYING CAUSE OF edical examiner	G 🗍	21B. PLACE OF INJURY (e.g., in the comme, form, factory, street, of atc.)	or about 21 C. WHERE DID	(if tn Boltimar	e City, give exact location)
S OF 11	NJURY	Month) (Day) (Ye		While At Not While	21F. HOW DID IN	UURY OCCUR?	
	ROXI	40.44.	1	Wark L. At Wark			
that	(I) (we) Id	at (I) (this hospi ist saw the dece	ital) attended ased alive or	the deceased from Sept 3	19 2 and 1		ept 3 19 2/
				(1) (We) (did) (did not) vi	ew the bady after death	that in (my) (our) api	nion death occurred an the date
23A.	SIGNATURE	my	~				23B, DATE SIGNED
23 C. I	PHYSICIAN	5		DEGREE Phys.	Med. Director	Stoff Phys.	9/8/7/
		YOUNG	500K	KIM, MID,	Lutheran	Hosp. of	beary land
KEIV	Buria	1 9-9-		NAME of CEMETERY OF CREE t. Auburn Cem		2	ly, town, or county! (State)
5A. DAT	SEF	HEALTH DEPT.	-	e of registrar	25C. FUNERAL DIRECTO	R V.Bai	3
S 150-R	EV. 1/1/68	3 2 4			1132 (



VS 150-REV. 1/1/6B



11	410	BALTIMORE CITY HEALTH DEPARTMENT
BIF	71. 8331	CERTIFICATE OF DEATH REG. NO. 71 8331
	NAME OF DECEASED AMON C	2. DATE AND HOUR OF DEATH.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	
HO	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUT OSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET C. CITY OF TOWN P. INSIDE CITY LIMITS?
14	7. '5	E STREET AND NUMBER
_	Union Memorial.	Hapital 1343. Winston ave
5.	SEX 6. RACE 7. MARRIED WIDOWED D	NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthday) 15 If Under 1 Yr. If Under 24 Hrs. Months Doys Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF B	BUSINESS OR INDUSTRY 1. BIRTHPLACE (Sible of foreign country)
13.	FATHER'S, NAME	14. MOTHER'S MAIDEN NAME
	Charles Erkar	t KEYECa DerlSon
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or other of service)	SECURITY NO. THEORY AND SAICH C. M. Son
	18. 2 7 2 X I	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAUS Palm mary Embolism Somme diale
	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or camplication which caused death.)	DUE TO: DR AS A CONSEQUENCE OF: This Hypertors.
	ANTECEDENT CAUSES	(B) Diebeter Nephrit 15 ?
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last.	(B) DUE TO, OR AS A CONSEQUENCE OF: (B) A Post Gamatic Rely Facino Sin 6/
	11	Polalysis, Over & se ser,
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Loss 1/2 left for arm
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WE WAS PERFORMED	PHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21B. Pl home, etc.)	PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) (If In Boltimore City, give exact location) (If In Boltimore City, give exact location)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E, II OF INJURY (APPROX.) While Work	
	22. 1 certify that (1) (this hospital) attended the	
	and hour and from the causes stoted obave. (1)	(We) (did) (did-pat) view the hady after death.
	23A. SIGNATURE	23B. DATE SIGNED
-	23C. PHYSICIAN'S	1. Degree Attending Med. Director Phys. 23D. ADDRESS
	HARRY LINDEN	ABMID 148, Mording Balto, ma 21231
24		ME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	
100	SEP 7 1871 (Pales,	& E. Javen Stagroen Sandere 217 [Treston 57



N-9/1	BALTIMORE CITY	HEALTH DEPARTMENT		74 0000
BIRTH NO. 8332	CERTIFICA	TE OF DEATH	REG. NO.	71 8332
I. NAME OF DECEASED		2 DATE AND	HOUR OF DEATH	11
Type or Print MC CREARY	Lucille	9.	-3-71	1 A AT D
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	NONOUNCED DEAD	A STATE B COUNTY	deceased lived. It in	stitutions residence before admission
		MT. CI	LI M	BALTINEDI
FULL NAME OF UF NOT IN HOSPITAL OR ADDRESS OR LOCATION!	NSTITUTION, GIVE STREET	C. CITY OR TOWN	17 0	IDE CITY LIMITS?
INSTITUTION		11	9. 1145	
11.3-11 11- =:	. 1 11	E STREET AND NUMBER		YES NO
Union Memori	Al HOSPITAL	2327 N-	chard	es ST
5. SEX 6. RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (in years	II Under 1 Yr. , If Under 24 H
+ 2	WED DIVORCED	1883 ? 10	at birthday	Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIN				12, CITIZEN OF WHAT COUNT
dope Cyring most of working life, eyen if refired)		700		· ·
100 collection		*0,6		USA.
13. FATHER'S NAME	100 -	14 MOTHER'S MAIDEN HAMI		
UNKNOWNGILL	Mams	UNENO	WN	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. IHFORMANT	1/1	ADDRESS
(Yes, no or unknown! (II yes, give war or dates of ser	SECURITY NO.	Mosmotol	Record	£ :
118 77 78 77 2	CAUSE OF DEAT	1 Justice	11/2 Colo	APPROXIMATE INTERVAL
18. 4/2, 41	Choic of Deal	n		BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		use Septicer		
This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	41 r-) ·	
heart failure, asthenia, etc. It means the dis	eose,	A CONSEQUENCE OF:		
injury at complication which caused death.		1 - 1		
ANTECEDENT CAUSES	18 Jen	y ora non		
	lving DUE TO, OR AS	A CONSEQUENCE OF		
rise to the above cause (A) staling UNDERLYING CONDITION last.	the ASC	CUD.		
ONDERENING CONDINON 1002	(C)			
Z OTHER COMMISSION OF THE COMM	710			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM	INAL			
DISEASE OF CONDITION GIVEN IN PART 1 (A).	POP WHICH OPERATION	20A AUTOPSY? (Yes or No)	208 IP YES WERE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 1794. DATE OF OPERATION 1794. CONDITION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1)		IH CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF IHJURY (e.g., home, form, fortory, street, o	n or obout 21 C. WHERE DID	(II In Boltimor	e City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, form, factory, street, a	ffice bidg, INJURY OCCURT		
0 210 7145		215 112111 212	N OCCUPA	
OF INJURY (Month) (Doy) (Year) (Hour	While At CO Not Whi	215. HOW DID INJU	d occur	
(APPROX)	Work At Work			
22. 1 certify that (1) (this hospital) otten	ded the deceased from) P - 30 - 19	1 to 09-	3 - 19 71
that (i) (we) last sow the deceased allve	The state of the s			
			in (ma) font) obi	nion death occurred on the d
ond hour and from the causes stated obc	ve. (1) (We) (did) (did	view the body after death.		
23A. SIGNATURE				238, DATE SIGNED
Epininis M	Att	ending Med. S	off V	9-3-71
Carriel Cilling	DL.			
23C. PHYSICHANES	DEGREE Phy	23D. ADDRESS		
NAME (Typel	DEGREE Phy	23D. ADDRESS		Hogo: Tal
JAIRO RAMIT	DEGREE Phy	230. ADDRESS UNION ME	MOSIAI	HOSPITAL
JAIRO RAMIT	DEGREE Phy	230. ADDRESS UNION ME	MOSIAI	HOSPITA(ity, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE REMADVAL (Specify)	DEGREE Phy	230. ADDRESS UNION ME	MOSIAI	HOSPITAL (Stote) (Stote)
24A. BUMAL CREMATION, 24B. DATE REMADIVAL (Specify) Description 24A. BUMAL CREMATION, 24B. DATE REMADIVAL (Specify)	DEGREE Phy	23D. ADDRESS UNION EMATORY 24D. 190 EMATORY 25C. HUMFRAL DIRECTOR.	PATION ICE	MO
24A. BURIAL CREMATION, 24B. DATE REMADEVAL (Specify) CLUTICAL 277 277 278 278 277 277 277 27	DEGREE Phy OFFICE ACT OF CREATERY OF CREA	23D. ADDRESS UNION EMATORY 24D. 190 EMATORY 25C. HUMFRAL DIRECTOR.	PATION ICE	MADORESS
24A. BURIAL CREMATION, 24B. DATE REMADIVAL (Specify) Device of the control of th	DEGREE Phy OFFICE ACT OF CREATERY OF CREA	23D. ADDRESS UNION EMATORY 24D. 190 EMATORY 25C. HUMFRAL DIRECTOR.	MOSIAI	MO

Adm. 12/6/68 Prev. Address 733 Aisquith St. 626

В	71 8333 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	8333
1.(1)	NAME OF DECEASED 0. , Sr.	2. DATE Known Manth Doy OF DEATH Estimated	Year Hour
- 11	MELVIN PARKER PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Day PRONOUNCED DEAD August 31,197	Yeor Hour
P	LI NAME OF APPLIANCE OF ADDRESS OR LOCATION SPITAL OR INSTITUTION, GIVE STREET APPLICATE AMENDED LUTHERAN HOSPITAL	5. USUAL RESIDENCE (Where deceased lived, if Institution: re: A. STATE Maryland Maryland	
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	C. CITY OR TOWN D. INSIDE CITY I	IMITS?
	DATE OF BIRTH 1923 . 10. AGE (In years Months Days Hours Min	L. E. STREET AND NUMBER	<u> </u>
	Vinginia Ninginia Vinginia	IInknown	
doi	USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTI eduring most of working life, even if retired) Stock Clerk Sears	Inez Parker	
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? In o o r unknown) (If yes, give wor or dates of service) Yes 17. SOCIAL SECURITY NO. 226-14-6976	18. INFORMANT ADDR	
	19. 4 / 2. 4 CAUSE OF DE	<u> Mrs. Hattie Parker 1612 Harle ATH</u> osclerotic cardiovascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	
2	ANTECEDENT CAUSES DISEASES OR CONDITIONS, # ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	R AS A CONSEQUENCE OF:	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
L CERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		AUTOPSY7 (Yes or No)
4EDICA	UTING LI CAUSE OF DEATH.	, in ar about 22C. WHERE DID (if in Baitimore City, give exact locked bldg., etc.) INJURY OCCUR?	cotion)
Σ	22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED (APPROX.) WHILE AT NO WORK AT 1	TWHILE 22F. HOW DID INJURY OCCUR?	
	resulted fram: Notural causes X Accident Suici	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
24	EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type) R. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY		9/1/71
RE	Burial 9-4-71 Arbutus Mem.		
	SEP 7 1971 Robert E. Jaber M.	25C. FUNERAL DIRECTOR ADDRI Arlington S. Phillips 1727 N	SS
VS	151-REV. 1/1/68		

9/13/71 - Correction form from funeral director.

Age

7.77

Marlow H. A. Washer - April 19 Marlow Land

IMPORTANT

FUNERAL

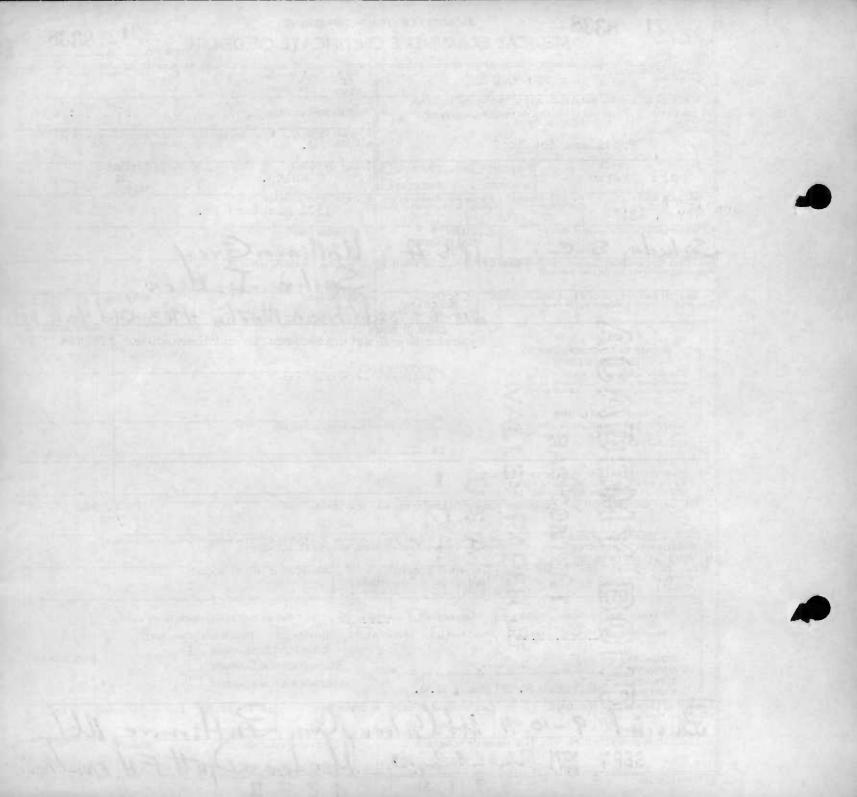
VS 150-REV. 1/1/68

The state of the s Anger de la company Manager Control of the Control of th

11/1/2	71 8337		BALTIMORE CIT	Y HEALTH DEPARTMENT		71 8337
BIRTH NO.	71 8337		CERTIFICA	TE OF DEATH	REG. NO	/1. 000/
I. NAME OF DE	CEASED			2. DATE A	ND HOUR OF DEATH	н
(Type or Print)	CARVER.	WILLIA	M		EMBER 4,	1971 6:00 A
3. PLACE IN BA	LTIMORE MARYLAND, W			4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admission)
FULL NAME OF	75 NOT IN HOSSIE	A		A. SIAIL B. COU	NIY	2041
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU VIION)	JION, GIVE STREET	C. CITY OR TOWN		0001
NSHIUHON				BALTIMORE	D. IN	ISIDE CITY LIMITS?
40	ST AGNES	HOSP	ITAL	E. STREET AND NUMBER		YES NO
10				5506 GROVER	IAND AVE	
SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	if Under 1 Yr. If Under 24 Hrs.
MALE	NEGRO	WIDOWED	PIVORCED	05 02 12	lost birthdayl	Months Doys Haurs Min.
DA. USUAL OCC	UPATION (Give kind of work working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
one corning most of	working the, even is remed;			NORTH CAROL	INA	USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA		0 0 .
VILLIAM	CADVED			EMMA BEASLE	V	
5. Was Desegse	d Ever in U. S. Armed Fore	:01?	I 6. SOCIAL	17. INFORMANT		4.000
es, no or unknown	n) (If yes, give war or dates	of service)	SECURITY NO.	W. INFORMANT	BALTO	MD 212295
10			219071060	ST AGNES RE	CORDS WIL	KENS & CATON AVE
18. 4/	0.91		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNI	OR CONDITIONS, if a above cause (A) G CONDITION last. Il FICANT CONDITIONS CONTH BUT NOT RELATED TO TH	stating the		SCVD		
19A. DATE OF	F OPERATION 198 CONE WAS PERF	OITION FOR W	HICH OPERATION	20A-AUTOPSYT (Yes of N	O 208, IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218, home	form, foctory, street, o	n or obout 21 C. WHERE DID	(II In Boltime	ore City, give exact location)
210. TIME	(Month) (Doy) (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.)		Whil	e At Not While	• [7]		
20 4 4	1 40 44 4	Worl				
22. I certity	that () (this hospital)	attended th	e deceased from	9/03	1971to09	19_71
that (1) (we)	last sow the deceased	d office on	09/04	19_71ond th	not in (Ny) (our) op	Infon death occurred on the date
ond hour on	d from the causes state	ed obove. (i)	((We) (dld) (d)d/h	lew the body after death.		
23A. SIGNATU	JRE	1				23 B. DATE SIGNED
Str	water a. Va	May 1	/ Dhu	nding Med.	Shaff Phys.	9-4-71
23C. PHYSICIA	voel	CVE	DEGREE	23D. ADDRESS ST. A	GNES HOSP	
	JUNATU VARGA	S,M.B.	Decare	WILKE	NS & CATO	N AVES.
	MATION, 248, DATE Specify)		ME of CEMETERY of CRI		aurel, Mary	ity, town, or county) (State)
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME O		25C. FUNERAL DIRECTOR		ADDRESS
	AFRIL ANDE	Robert &				1701 Laurens St.
S 150-REV. 1/1/				4-4-0-0-4		
				- 1		

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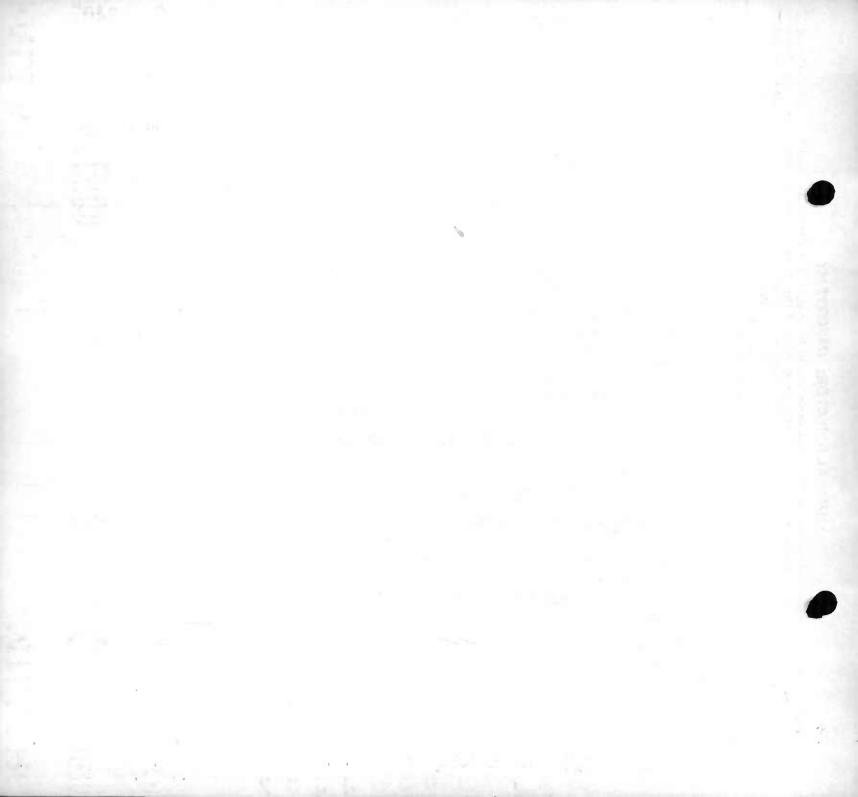
1 .:	71. 833	38		BALT	MORE CITY H	EALTH DEP.	ARTMENT			tmt a	
0 300	7 000	MED	ICAL	EXAL	AINER'S	CERTIF	ICATE O	F DEA	TH REG. NO.	7.	8338
BIRTH NC.									REG. NO.		
I. NAME O	F DECEASED	JAME	S GO	UDY		2. DATE OF	Known []	Month	Doy	Year	Hour
A PLACE IN	BALTIMORE, MA	APVI AND 14	HEDE DE	ONIOUNICE	D DEAD	DEATH	Estimated _				М
FULL NAME O	OF (IF NO	OT IN HOSPITA				3. DATE	OUNCED DEAD	Month 9	5°y	1971"	1:30p
OR INSTITUTIO	NC	ent Hos				5. USUAL A. STATE	RESIDENCE (Whe	ere deceased	lived, # Institutio B. COUNTY	n: residence	before odmissian)
6. SEX	7. RACE		le .			C CITY C	0.7014(1)				1395
mal			WIDOW		ER MARRIED	C. CITY C	Balto.		D. INSIDE C	ES T	NO 🗆
9. DATE OF	, 1917	10.AGE (In		If Under 1 Y Months Doy	r. It Under 24 Hrs Haurs Min.		AND NUMBER 1572 Rich	land S		130	МОШ
	CE(State or lare)	an acustous)		12. CITIZEN							
Salu	da. S	- 0			OUNTRY	13. FATHE	R'S NAME.	3	2.1		
14A.USUAL C	CCUPATION (Gives tof warking life, ex	re kind of work 1	4B. KIND	OF BUSINE	SS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	AME	7		
Sana Corping III	osion warking ine, er	en mienred)				S	silie.	Tina	Hanni		
16. WAS DEC	CEASED EVER IN	U.S. ARMED	FORCES	? 17. SC	CIAL CURITY NO.	18. INFO	RMANT	1	A	DDRESS	/ ~
					16-5732	114	CICIA MA	47/1W	4703	-01d	YOVE RE
19.	12.21			77	CAUSE OF DE		. 1			AF	PROXIMATE INTERVAL
DI	SEASE OR COND	THON DIREC	TLY	нуре	ctensive &	arter	iosclerot:	ic car	diovascul	lar di	SENTONEI AND DEATH
/=	LEADING TO				(A)IMMEDIATE	CAUSE					
(This d	aes not mean the pilure, asthenia, etc	made of dyle	ng, e.g., disease,				QUENCE OF:				
Injury	or camplication whi	ch coused deal	th.)								
	ANTECEDENT	CAUSES			(B)		140				
RISE TO	SES OR CONDITI	ONS, IF ANY,	GIVING ING THE		(B)	AS A CONS	EQUENCE OF:				
UNDE	RLYING CONDIT	ION LAST.			(c)						
E	SIGNUS GOVERNMENT OF THE	11									
	SIGNIFICANT COI E DEATH BUT NOT SE OR CONDITION	RELATED TO T	HE TERMI	NG NAL							
20A. DAT	E OF OPERATION			OR WHICH	OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes ar Na)
ō										yes	,
UNDERLY	KTERNAL CAUSE			22B. PLACE (OF INJURY (e.g., octory, street, office	tn ar obaut e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(II in Baltim	are City, give exc	ect location)	***
	CAUSE OF DEA	ATH.									
OF INJU	RY	Day) (Year)	(Hour	WHILE AT	RY OCCURRED	WHILE [22F. HOW DID II	NJURY OC	CUR?		
(APPROX.)			m. WORK	AT V	ORK					
	certify that I h	eld on In	auiry [Inspe	ction Au	topsy X	and that an	this basis	, deoth in my	and a fam	
	esuited from: N			Accident		land.	lamicide		ined manner	_	
		1	/	,	30.00		CHIEF MEDICAL				
	UAL	1/11	rish	-/		ASS	ISTANT MEDICAL				DATE SIGNED
	MINER'S	9010			M.[•	OCIATE MEDICAL			- 1	
NA/	ME (Type) K	ussell	S. F					EXAMINER		9/6	5/71
REMOVAL (CREMATION, 2	4B. DATE		24C. NAM	6 of CEMETERY	or CREMAT	ORY 240	. LOCATIO	N/ (City, town	, or county)	/ (Sigle)
Dui	LA	9-16	11/	MH	- Uslu	evil	jen -	Aul-	timo	e 1	161
25A. DATE RE	C'D BY HEALTH	DEPT.	25B. N/	ME OF REC	SISTRAR		FUNERAL DIRECT	TOR	A	DDRESS	1
	SEP 7	TUT .	Vale	\$ E, Ja	Bey K.D.	M	oclay.	54	off F	HI	701-Laure
VS 151-REV. 1	/1/68		9	7 1	0 7	0 4	3 3 1	3			



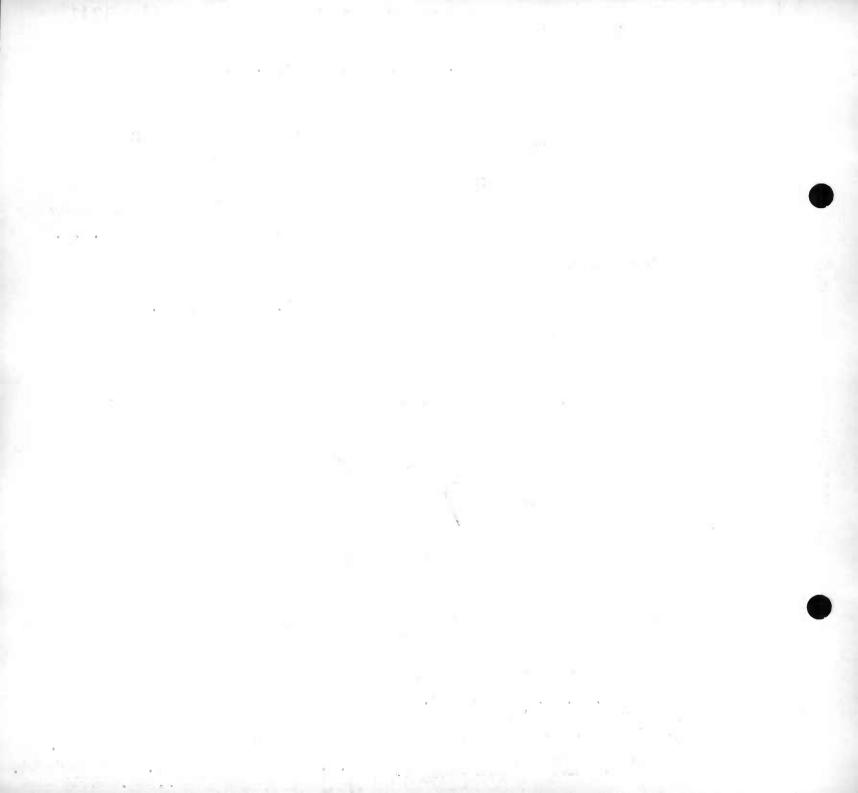
5		Y HEALTH DEPARTMENT
	HNO.	'S CERTIFICATE OF DEATH REG. NO. 1 8339
I. NA	AME OF DECEASED	2. DATE Known Month Day Year House
(Type	or Print) DELIA JOHNSON	OF STATE OF
4. PL/	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
HOSPI	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD September 5,1971 8:10 A.
0	725 Stirling Street	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SE	7. RACE Negro 8. MARRIED NEVER MARRIE WIDOWED DIVORCE	Baltimore
9. DA	TE OF BIRTH 10.AGE (in years # Under I Ye. 1) Under 2	4 Hrs. IE. STREET AND NUMBER
Apr	il 21, 1911 lost birthdoy) Months, Days, Hours	725 Stirling Street
	RTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
	rmsville, Va. WHAT COUNTRY?	Unknown
14A.US	SUAL OCCUPATION (Give kind of work) 14B, KIND OF RUSINESS OR IND	
done du	uring most of working lile, even it refired)	
14 307	Presser AS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Unknown
(Yes, no	o or unknown)((Il yes, give war or dates of service) SECURITY NO	18. INFORMANT ADDRESS
-110	223-12-99	
19.	CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arte:	riosclerotic cardiovascular disease
	LEADING TO DEATH	IATE CAUSE
		, OR AS A CONSEQUENCE OF:
	injury or complication which caused death.)	
	ANTERDED CANADA	
	ANTECEDENT CAUSES DISEASES OF CONDITIONS IF ANY CHANGE	, OR AS A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	, OK AS A CONSEQUENCE OF:
2	UNDERLYING CONDITION LAST. (C)	
8	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
프	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED [21. AUTOPSY? (Yes or No.)
O		no
₹ 222	A. EXTERNAL CAUSE WAS 1228, PLACE OF INITIRY	(e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location)
	NDERLYING OR CONTRIB. home, form, factory, street	, office bidg., etc.) INJURY OCCUR?
A 23	TING CAUSE OF DEATH. D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCUR	
OF	INJURY	·
	PPROX.) WHILE AT	NOT WHILE T
23.		
200	i certify that i held an Inquiry Inspection	Autopsy ond that on this basis, death in my opinion
	resulted from: Natural causes 🖾 Accident 🔲 🔉	vicide Homicide Undetermined manner
	1	CHIEF MEDICAL EXAMINER
	ACTUAL ///	DATE SIGNED
	SIGNATURE / / / / / / / EXAMINER'S	_m.b.
	NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 9/5/71
24A. B REMO	URIAL CREMATION, 24B. DATE 24C. NAME of CEMET	
		very Cemetery Baltimore, Md.
25A. D	ATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	SEP 7 1871 Pabert E. Farber M.	Market C Durkh E II 1701 I come Ch
		Morton & Dyett F. H. 1701 Lawrens St.
v5 151.	-REV. 1/1/68	0 4 3 3 6

			ter.	
100				
. I will be the second of	Later Company			

1 140	BALTIMORE CITY	HEALTH DEPARTMENT	17.4	0040
віятн NO. 71 8340	CERTIFICA	TE OF DEATH	REG. NO.	8340
1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
ABBOTT, LYMAN	5. (DR)	9-6	-71	11.55 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (Where de	ceased lived. If institu	ition: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	in inside	CITY LIMITS?
44		BALTIMO RE		S NO
UNION MEMORIAL HO	OSPITAL	537 HARWO		BALT-MD ZIZIZ
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. A	GE Un years If birthday M	Under 1 Ys. If Under 24 Hrs.
WHITE WIDOWED	DIVORCED [4-19-93	77	
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF I done during most of working life, even if refired)		11. BIRTHPLACE (State or foreign c	ountry) 1:	2. CITIZEN OF WHAT COUNTRY?
M. D. (RETIRED) ME	DECINE	VIRGINIA	1	UNITEN S14785
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
BYR PINE ABBOTT		CAROLINE	D. CAR	PER.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [UI yes, give war or dates of service]	6. SOCIAL SECURITY NO. /	17. INFORMANT		ADDRESS
NO	326.30-3214.		BBOTT	SAME.
18. F 8 X 7 1 X	CAUSE OF DEAT	H DIA G = C = C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Z CARI	DIO-RESPIRATORY	IN SSUFICE	ency and
LEADING TO DEATH	MIMMEDIATE CAL	ISE-BRONCHOPM	FONDOMIA	24 HORANS.
(This does not mean the mode of dying, e.g., heart failure, authenia, etc. It means the disease.)	DUE TO, OR AS	A CONSEQUENCE OF:		
Injury or complication which caused death.)	1 0			
ANTECEDENT CAUSES	, N. 3			·
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.				
	32 3			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINALS DISEASE OR CONDITION GIVEN IN PART 1 (A).	Ď			
19A-DATE OF OPERATION 1198 CONDITION FOR W	HICH OPERATION	20A-AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
13 21A ACCIDENT WAS UNDERLYINGED 1218 B	LACE OF INITIATION	n or about 21 C. WHERE DID	(II In Boltimore C	ity, give exact location)
. OR CONTRIBUTING ST CAUSE OF Thomas	farm, factory, street, o	lice bidg-linjury occur?		2.90
	4046		RWOOD F	100 Duch 2751.
W OF INJURY	NJURY O CCURRED	215 HOW DID INJURY	PIO ARI	156 FROM CHAYI
(APPROX.) 8 25 +1 b.m., Work	At Work	D AND FE	LL.	
22. I certify that (I) (this hospital) attended the	deceased from	7 5 19	2/ to /-	6 19 2/
that (1) (we) last saw the deceased alive an	9-6-7	•	n(my) (our) opinion	n death occurred on the dote
ond hour and from the causes stated above. (1)	(We) (did) (did not)	lew the bady after death.		
23A. SIGNATURE			-	B. DATE SIGNED
all faith)	DEGREE Phy	s. Med. Stafes. Stafes		9-6-71
23C. PHYSICIANS NAME (Type)	AA D			Haspin
24A. BURIAL CREMATION, 124B. DATE 124C. NAI	ATA M-D. DEGREE ME OF CEMETERY OF CR	UNION MEMO		town, or county) (State)
REMOVAL (Specify)				and an analysis to the same
Burial 9/9/71 L	oudon Park	Bal	timore.	Md.
SEP 7 17 USBURE E.	LABOR KB.	H.W. Jenkins &	Sons Co.	4905 York Rd.
VS 150-8EV, 1/1/68		X 2 20 00 00	Balto., M	d; 21212 ====

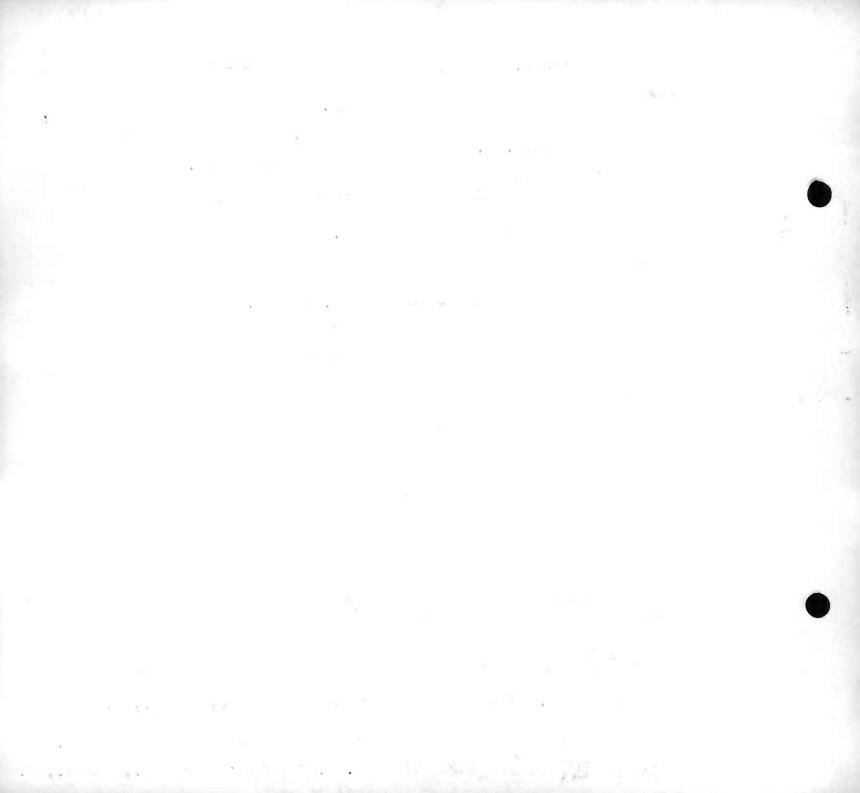


4-155			BALTIMORE CIT	Y HEALTH DEPA	ARTMENT		71 8	341
BIRTH NO.	71 8341		CERTIFICA	TE OF D	EATH	REG. NO	0	012
1. NAME OF DEC	EASED				2. DATE A	ND HOUR OF DEAT	н	
	Marg	aret	K. Huf	fman	Sept.	5. 1971		
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RES	IDENCE (Wh	ere deceased lived II	institution: reside	nce before admission
FULL NAME OF	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryl				757
HOSPITAL OR	ADDRESS OR LOCA	ATION	The state of the s	C. CITY OR TO		D. IN	ISIDE CITY LIMITS	5?
00	20-2			Balti:	more		YES TE	поП
	2802 Ber	wick R	load	E. STREET AN				
5. SEX				1		k Road		
F	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	1/15/	1905	9. AGE (In years lost birthday)	If Under 1 Y Months Doy	r. II Under 24 Hrs Hours Min.
10A. USUAL OCCU	UPATION (Give kind of work	108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or lore	gign country!	112. CITIZEN	OF WHAT COUNTRY
House	MALKING IND, SABIL II LEULES!	ł .	n Home			lary land		J.S.A.
13. FATHER'S NAM	ME			14. MOTHER'S), D, A,
John	Mueller			Carrie				
5. Was Deceased	Ever in U. S. Armed For	?	1 6. SOCIAL	U. The state of th		1110		
(Yes, no at unknown)	(II yes, give wor at dote	s ol service)	SECURITY NO.	17. INFORMANT				DRESS
No					d L. H	luffman, S	r. (S	Same)
18. 43	6 9		CAUSE OF DEAT	• •				PROXIMATE INTERVAL
DISEAS	E OR CONDITION DIR	ECTLY	Cirum	W. Ven	0/	Acedric		
(This does no	al mean the made of	dvina ea				Teadre	ý	1 day
neatt tatinte.	heast failure, ashenia, etc. It means the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF:							7
	ANTECEDENT CAUSES	deam./						
1			(B)	***************				
rise to the	R CONDITIONS, it above cause (A)	iny, giving	(B) DUE TO, OR AS	A CONSEQUENC	CE OF:			
UNDERLYING	CONDITION last.	ording inc	(c)					
-	11		0					***************************************
OTHER SIGNIFICATION THE DEATH	CANT CONDITIONS CON	TRIBUTING	Khrun	ratord	derte	retis	3	ina
DISEASE OR CO	ONDITION GIVEN IN PART	1 (A).	**********	***************************************				
19A. DATE OF	WAS PERF	DITION FOR V DRMED	WHICH OPERATION	20A. AUTOPS	Y? (Yes ar No	10 CERTIFYING CA	FINDINGS CON	SIDERED
19A. DATE OF	T WAS UNDERLYING	Jaza		7	0	W SERVIN III O CA	COSES OF DEAT	
OR CONTRIBUT	TING CAUSE OF	ham elc.)	PLACE OF INJURY (e.g., in e, form, factory, street, af	i or obout 21 C. W	HERE DID	(If In Baltimo	re City, give exac	:1 lacation)
	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HC	OW DID INJ	URY OCCUR?		
(APPROX)		Whi	le At Not While					
22. I certify t	that (1) (this hospital)		e deceased fram Zz	rav. 5.		7 /		
	last saw the deceased		aregues 31	1		9 0 to Re		19
				19 <u>/</u> _	and the	at in (my) (out) api	nian death ac	curred on the date
23A. SIGNATUR	from the causes state	d abave. (I)	(We) (dld) (did no t) vi	ew the bady a	fter death.			
-2	(A)	0	D. 3	ding M		c	238, DATE SIGI	NED
22C BUYELCIA	1 seewy		DEGREE Phys.	Di Di	ed. rector	Staff Phys.	1917	171
23C. PHYSICIAN NAME (Ty	Dr. G. J.	Sawy	er, Jr.	4808	Harfo	rd Road	1	
4A. BURIAL CREM	AATION, 248. DATE	24C.NA	ME of CEMETERY OF CRE				ity, town, or caun	ntyl (Stotel
Burial	948/71	1			100		THE PERSON NAMED IN COLUMN	
SA. DATE REC'D	WHEALTH DEPT.	SB NAME O	Joudon Park	25C. FILMERA		altimore		Md.
	SEP7 1971		Sale MA	H.W.J	enkins	& Sons (Jo. 4905	york Rd
S 150-REV. 1/1/68	8	7 /		43	7 0	Balto.	, Md. 2	7212
			- J		U (4			



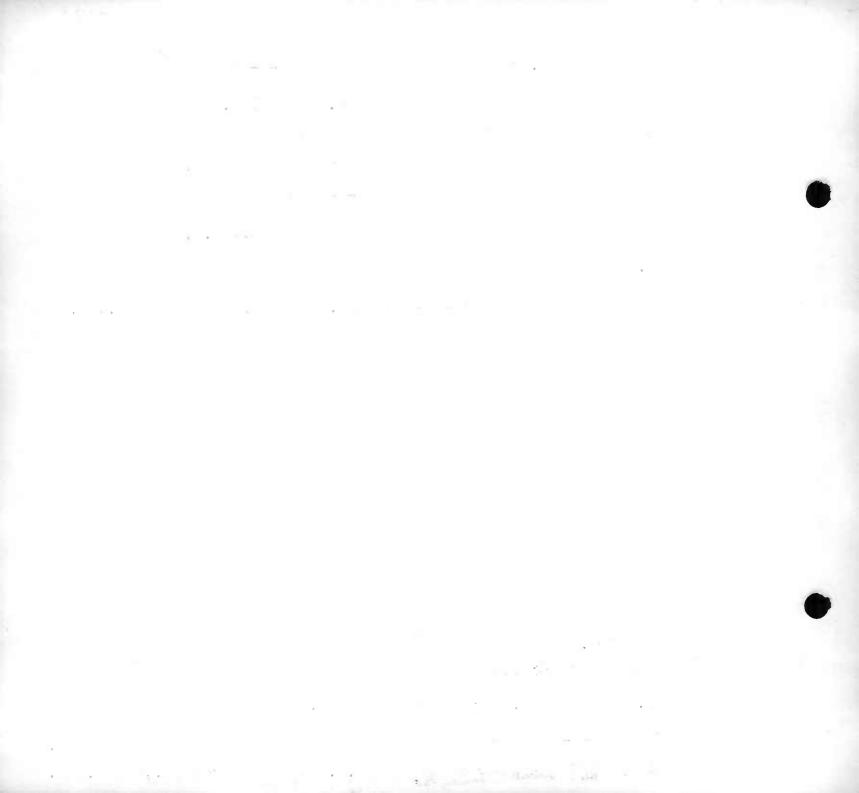
FUNERAL DIRECTOR: IMPORTANT

D-64	(1)		BALTIMORE CITY	HEALTH DEPARTMEN	IT	71 0010	
BIRTH NO.	71. 8	342		TE OF DEAT		71. 8342	
1. NAME OF DE		e C. Go	urlev	2. DA1	e and hour of DEATH	1725	
3. PLACE IN BA	ALTIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before odinissi	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				Md . c. CITY OR TOWN	COUNTY	SIDE CITY LIMITS?	
90	70 Long Green N. H.				Balto. YES NO		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	TWO IN A NAME OF THE PARTY OF T	
F	W	WIDOWED		7-27-1884	lost birthday	If Under 1 Yr. If Under 24 H Months Days Hours Min.	
A. USUAL OC	CUPATION (Give kind of w	ork 108. KIND OF			(foreign country)	12. CITIZEN OF WHAT COUNT	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired) Homemaker Own Home				Md.	. Isosyi assiny,	USA USA	
3. FATHER'S NA				14. MOTHER'S MAIDEN NAME			
Thoma	s Curry			Elizabeth	Proctor		
. Was Decease	d Ever in U. S. Armed F	orces?	16. SOCIAL	17. INFORMANT		ADDRESS	
No	yes, give wor or or	oles of service/	212-09-029L	Mrs. Anna	E Scanlin	Same	
DISEASES sise la II UNDERLYIN TO THE DEA DISEASE OR 0 19A. DATE O		any, giving any, giving stating the CONTRIBUTING THE TERMINAL ART 1 (A). INDITION FOR VERFORMED	(B) DUE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? IYes on No	IN CERTIFYING CA		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	218, hometcJ	PLACE OF INJURY le.g., in e, form, foctory, street, off	or about 21 C. WHERE DI	D (If In Soltimor	e City, give exact location)	
OF INJURY (APPROX.)	(Year		INJURY OCCURRED le AI Not While k At Work	~ 11	INJURY OCCUR?	2 // ^	
22. 1 certify	that (1) (th is hospit	el) attended th	edeceased from /	10/		19 //	
that (I) (we	last saw the deceas	sed allve an	1-4	19.7one		nlan death occurred an the da	
and hour an	d from the causes st	ated gbove. (1)	(We) (dld) (did not) vi	ew the body after dea	Stoff Phys.	23B. DATE SIGNED	
23G. PHYSICI, NAME (William G	Helfr	ich MD	DI ADDRESS	d Ave., Balt	50.,Md.	
A. BURIAL CRE	MATION, 248. DATE	24C.NA	ME of CEMETERY OF CREA			ly, town, or countyl (State)	
Buria:	1 97	71 Ver	mon Methodi	st	White Hall	Md.	
A. DATE REC'E	BY HEALTH DEPT.	258. NAME O		25C. FUNERAL DIREC	TOR	ADDRESS Co., Balto., Md	
150-REV. 1/1/	68				6		

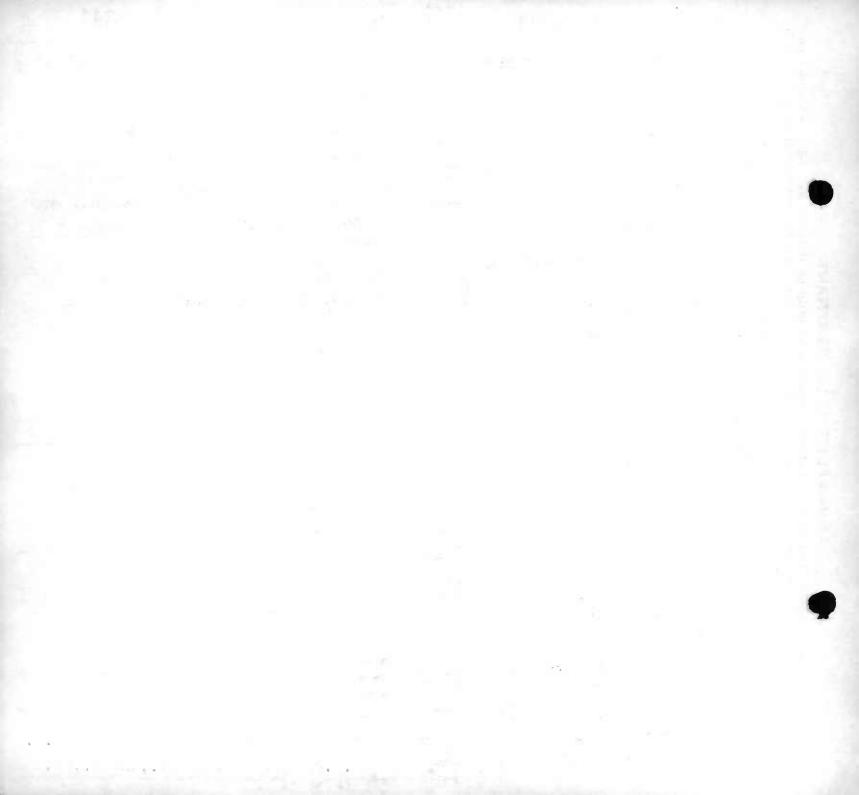


FUNERAL DIRECTOR:

P.410			BALTIMORE CIT	HEALTH DEPART	MENT		74 0	042
BIRTH NO.	71 834	3	CERTIFICA	TE OF DEA	ATH	REG. NO	71 8	340
I. NAME OF DE	00					D HOUR OF DEATH		
(Type or Print)	Hester	B. Rotte	r	-	9-4-		1	10:30 A N
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESIDEN		a deceased lived, II	institution; sosid	lance below admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTI	ON, GIVE STREET	Md.	Bal	to.	SIDE CITY LIMIT	0.306
00 2	704 Chelses	a Terrac	е	TOWSON E. STREET AND N	UMBER	J. 114	YES	№ 🔀
				106 All	egha	ny Ave.		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yours lost birthday)	If Under 1	Yr. Il Under 24 Hrs.
F	W	WIDOWED [X]	DIVORCED	4-6-1875		96	Wienins De	bys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of war working life, even if rellred)	10E KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (SIG	ta or forei	gn country!	12. CITIZEN	OF WHAT COUNTRY
Homema		Own H	ome	Granvill	e Co	. N.C.	US	Δ
3. FATHER'S NA	ME			14. MOTHER'S MA			0.0	X.
John P	. Beasley			Frances	TTTON			
5. Was Deceased	Free in II S A I S-	rcos?	- SOCIAL	17. INFORMANT	гуоп			
ros, no or unknown	Of yes, give wer or det	es of sorvice)	SECURITY NO.				AL	DDRESS
ИО		2	20 - 54-6407		on E	. Rome	Balto.	,Md.21212
18.433	3,7		CAUSE OF DEAT	++	4 4 4 4	1		PPROXIMATE INTERVAL
DISEA	SE OR CONDITION DE	RECTLY		0 17	ron	790515		A A
(This does	not mean the mode of	dvina an	(A) IMMEDIATE CAU		nal	Vessel	. /	2 hours
heart failure,	asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF				************************
	plication which caused			1	0	14.	1	
1	ANTECEDENT CAUSES		(B) Dever	e leres	nat.	Arterios	Alexander	ſ
DISEASES C	OR CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEQUENCE O	F:		BE ST ARKY.	
UNDERLYING	above cause (A) G CONDITION last,	sloling lhe	(c)					
	11		(0/					
OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING						
TO THE DEAT	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAI	HE TERMINAL	******************					
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION 198 CON WAS PER	DITION FOR WHI	CH OPERATION	NO	(os or Na)	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED TH?
21A. ACCIDE	NT WAS UNDERLYING	21 B. PL/	ACE OF INJURY (e.g., in	or about 21 C. WHER	E DID	(il In Baltima	re City, give ex	net Inention
DEATH (notify	medical examined	home, i	form, foctory, street, of	ice bldg., INJURY O	CUR?	pr in sommo	re city, give ex	act lacation;
21D. TIME	(Month) (Day) (Year)	(Hous 21E IN	JURY OCCURRED	21F. HOW	DID INJU	RY OCCUR?		
(APPROX.)		While						
22. I certify	that (1) (this hospita	Work	At Work		***	•		
that (1) (we)	last saw the decease	d alive or	ecauses Itam	10		7ta		19
and have s	from the course	ad at /11 ==	E) (1: 1) (1: 1 · 1		and tha	in (my) (aur) api	nian death a	ccurred on the date
23A. SIGNATU	from the causes sta	ea abave. (1) (1	(did) (did not) v	ew the bady after	death.			
1		RV	South American	to be the			23 B. DATE SI	GNED
1 athe	rise Nrs	Joyon		Med. Directo	or 🗌 🔋	hys.	9-5	5-71
23C. PHYSICIA NAME (T	ypo)		1	3D. ADDRESS				
Dr	. Katherine	H. Bor	kovich DEGREE	550 N. E	Broad	way		
4A. BURIAL CREATE REMOVAL (MATION, 248 DATE	24C, NAME	of CEMETERY OF CRE	MATORY			ily, lown, or co	untyl (Statel
Burial	9-7-71	RIO	ndford	110	D-	tomakes -		77.
	BY HEALTH DEPT.	25B. NAME OF R	EGISTRAR	25C. FUNERAL D	IRECTOR	tersburg		Va,
SE	P7 1971 (Bell Ento		H.W. Jenl	ring	& Sons Co	Rol+	.o. Md
	The state of the s	BOLE CALL	Men 12	11 11 0 OTIT	24110	~ DOILD OF	o prott	, o . prid .

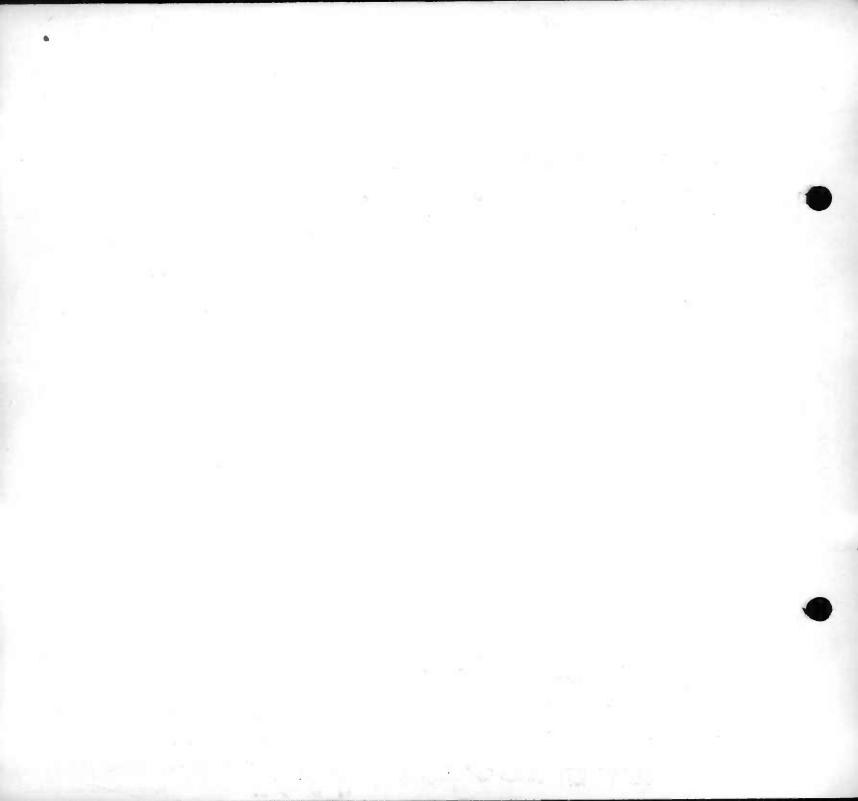


5-563	174 0				1 8344
BIRTH NO.	11 8	344 CEKII	FICATE OF DEATH		
1, NAME OF DECEA		0-0-0-	2, DATE	AND HOUR OF DEATH	
3	RIDER,	ROBERT. L.	114 USUAL RESIDENCE IW	4-11	5.43
3. PLACE IN BALTIA	HORE MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE B. COL	YTML	
FULL NAME OF HOSPITAL OR INSTITUTION	IIF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STR	MARYLAND .	BALTIMO	
INSTITUTION	ADDRESS OR FOC	AIIONI	IIC. CITT ON TOTAL		DE CITY LIMITS?
File Iblia	N 11-1-01	4. Mari	BALTIM ORE		YES 🔀 NO
THE UNIO	M MEMORI	AL HOSPITAL		EVALE RI)
5. SEX 6.	RACE	7. 444 pages 57 sterem 444 pa		19. AGE III MONE	
M	W	MARRIED NEVER MARR	=	9. AGE (In yours lost birthdoy)	Months Doys Hours
	TION (Give kind of wo		IDUSTRY 11. BIRTHPLACE ISlate of ke	teina country)	12. CITIZEN OF WHAT
done during most of wor	king life, even if refired)		NORTH CAL		
D€	4V	UNIVERSITY			USA
3. FATHER'S NAME		Pinco	14. MOTHER'S MAIDEN N)=/ 6
	C.STA			CE, MYR	
15. Was Deceased Ev Yos, no or unknown) (d	er in U. S. Armed Fr yes, give war or do	les of service) 1 & SOCIAL SECURITY N	17. INFORMANT	. 0	ADDRESS
YES	WWI	243-14	7176 EVELYN M	. STRIDER	SAME
18, / / /	. 7 1	CAUSE O			APPROXIMATE BETWEEN ONSET
heart failure, as injury or compliant AN DISEASES OR rise to the	mean the mode of thenia, etc. It mean cason which couse TECEDENT CAUSE CONDITIONS, If obove cause (A)	d death.) S ony, giving Stating the	DATE CAUSE PROPABLY CA		
heart failure, as injury or compliant or complex to the UNDERLYING	thenia, etc. it mean casen which couse TECEDENT CAUSE CONDITIONS, if obove cause (A) CONDITION last.	d death.) S ony, giving stating the (C)			
heart failure, as injury or compliant of the DISEASES OR rise to the UNDERLYING	thenia, etc. It mean cation which couse TECEDENT CAUSE CONDITIONS, If obove cause (A) CONDITION last. ANT CONDITIONS COMMITTED TO IDITION GIVEN IN PARTIES TO IDITION GIV	d death.) S ony, giving DUE To CC)	D, OR AS A CONSEQUENCE OF:		
heart failure, as injury or compliant or complex to the UNDERLYING	thenia, etc. it mean casen which couse TECEDENT CAUSE CONDITIONS, if obove cause (A) CONDITION last. Il ant conditions Couse the condition of the coupe in the condition of the coupe in the condition given in PA PERATION 119 CO	d deafh.) S ony, giving stoling the (C)	O, OR AS A CONSEQUENCE OF: ON 20A_AUTOFST? (Yes or		FINDINGS CONSIDERED USES OF DEATH?
heart failure, as injury or compil AN DISEASES OR rise to the UN DERLYING OTHER SIGNIFICATION TO THE DEATH IN THE DEATH	thenia, etc. it mean casen which couse TECEDENT CAUSE CONDITIONS, if obove cause (A) CONDITION last. Il anticonditions Coust not related to idition given in PA PERATION 19 E. CO WAS PE	d deafh.) S ony, giving stoling the (C) ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION RFORMED	O, OR AS A CONSEQUENCE OF:	No) 208, IP YES, WERE IN CERTIFYING CA	
heart failure, as injury or compil AN DISEASES OR rise to the UN DERLYING OTHER SIGNIFICATION TO THE DEATH IN THE DEATH	thenia, etc. it mean casen which couse TECEDENT CAUSE CONDITIONS, if obove cause (A) CONDITION last. Il anticonditions Coust not related to idition given in PA PERATION 19 E. CO WAS PE	d death.) S ony, giving staling the (C)	ON 20A AUTOPSY? (Yes or NY (o.g., in or obout 21 C. WHERE DID INJURY OCCUR?	No. 208, IP YES, WERE IN CERTIFYING CA (If In Boltimon	FINDINGS CONSIDERED USES OF DEATH?
heart failure, as injury or compliant or compliant or compliant or the UNDERLYING OTHER SIGNIFICATION OF CONTRIBUTION CONT	thenia, etc. It mean cation which couse tecedent Cause Conditions, if obove cause (Al Condition last. ANT CONDITION CAUSE TO CONDITION COUNTY CAUSED TO COUNTY CAUSED TO COUNTY CAUSE OF COUN	d death.) S ony, giving staling the (C)	ON 20A AUTOPSYS (Yes or NO OF COURT) RY (a.g., in or obout 21 C. WHERE DID street, office bidg., INJURY OCCURY	No. 208, IP YES, WERE IN CERTIFYING CA (If In Boltimon	FINDINGS CONSIDERED USES OF DEATH?
heart failure, as injury or compliant or compliant or compliant or the UNDERLYING OTHER SIGNIFICATION TO THE DEATH OF THE DEATH OR CONTRIBUTION CONTRIBUTION OF INJURY IAPPROXI	thenia, etc. it mean cation which couse tecedent Cause CONDITIONS, if obove cause (Alcondition last. ANT CONDITION last. ANT CONDITION CAUSE TO CONDITION GIVEN IN PREVAIL TO CONDITION GIVEN IN PAPERATION 19 CON CAUSE OF edical examined Control (Doy) (Year Month) (Doy) (Year Control Cause Of Cau	d deafh.) S ony, giving staling the (C)	ON 20A-AUTOPSYS (Yes or Volume of Vo	No) 208, IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
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FUNERAL DIRECTOR: IMPORTANT

1	14	-630	BALTIMORE CITY	HEALTH DEPARTMENT			
;		RTH NO. 8345	CERTIFICA	TE OF DEATH REG. NO.	8345		
		NAME OF DECEASED ype or Print) GRADV	USCIER	2. DATE AND HOUR OF DEATH			
	3.	PLACE IN BALTIMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II inst	1:55 A M.		
			AL OR INSTITUTION, GIVE STREET	a. COUNTY	itution; (esidence betail admission)		
	H	OSPITAL OR ADDRESS OR LOCA	(MON)	Maryland C. CITY OR TOWN D. INSID	E CITY LIMITS?		
	1/2	P. O.	1 1 11	Baltimore YES X NO			
0	1	NIVERSITY Of F	TARY/AND HOSPITAL	716 N. Payson St.			
made.	5.	SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE IIn yours lost birthdoy	If Under 1 Yr., Il Under 24 Hrs. Months! Doys ! Hours ! Min.		
is	10/	A. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED	11. SIRTHPLACE (State or loreign country)			
disposition	dor	ne during most of working life, even if retired) Housewife	The state of the s	A P	12. CITIZEN OF WHAT COUNTRY?		
osii	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.A.		
lisp		NATHAN SMIT	4, -	MARTHA ELLIOT	L		
	15. (Ye	Was Deceased Ever in U. S. Anned Forces, no or unknown) (If yes, give wer or dotes	os? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
final	_			Mr. Willie L. Grady 716 N.	Payson St. 21217		
or		DISEASE OR CONDITION DIR	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
balmed		LEADING TO DEATH	A A DAMAGE AND A AND	Renal Failure	6 days		
bal		IThis does not mean the made of heart failure, asthenia, etc. It means injury ar camplication which coused	the disease.	A CONSEQUENCE OF:			
E		ANTECEDENT CAUSES	Serve	e Atemaleronia			
are		DISEASES OR CONDITIONS, if a rise to the above cause (A)	ny, giving (B)	A CONSEQUENCE OF:			
		UNDERLYING CONDITION lost.	(C)		7		
remains	Z	OTHER SIGNIFICANT CONDITIONS CON	TDIDITING				
9 10	F	IO THE DEATH BUT NOT RELATED TO THE	1 (A).	ism Carolid Artery	******		
t t	ERTIFIC	19A-DATE OF OPERATION 198. COND.	ITION FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	IDINGS CONSIDERED		
before	U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY le.g., in home, farm, foctory, street, off	/. 0	City, give exact location)		
	S	DEATH Inotify medical examined	etc.)	ice bidg., INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ained	3	OF INJURY	(Hour) 21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?			
btai	1 1	IAPPROX.)	Work At Work				
909		22. I certify that (I) (this haspital) that (I) (we) last saw the deceased		S 4	6 19 2 /		
9		and hour and from the causes state			n death accurred an the date		
must		23A. SIGNATURE	12 8 11 3	23	BR. DATE SIGNED		
	1	ZSC. PHYSICIAN'S	DEGREE Phys.	Director Phys.			
approval		23-C. PHYSICIAN'S NAME (Type) TO 52	I Glesiac M.D	3D. ADDRESS	// / .		
	24A	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CREA	MATORY /24D. LOCATION (City.)	lown, or county) (Stole)		
ten L		nsit-burial 9-12-71	Elizabeth Cemeter				
written	25A,		SE NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1735 Harford			
-	VS 1	SEP7 S/1 (labert En Jarber M.D.	Marshall W. Jones, Jr.			



FUNERAL



Adm. 2/10/71 Prev. Address Mt. Wilson, Md. (was an employee before becoming I pato and lived on the grounds)

EXAMINER'S PETER Lipkovic, M.D.

ASSOCIATE MEDICAL EXAMINER

9/3/71

24A. BURIAL CREMATION, REMOVAL (Specify)

9/7/71

24C. NAME of CEMETERY or CREMATORY

Cedar Hill Cemetery

Baltimore

Md.

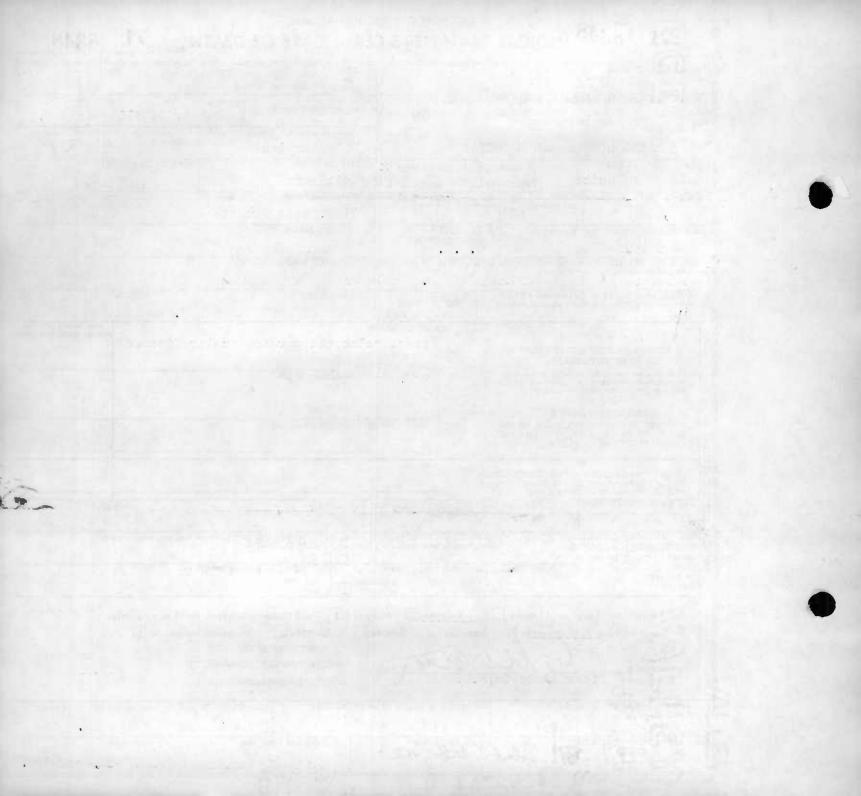
25A. DATE REC'D BY HEALTH DEPL

25B. NAME OF REGISTRAR

SEP 7

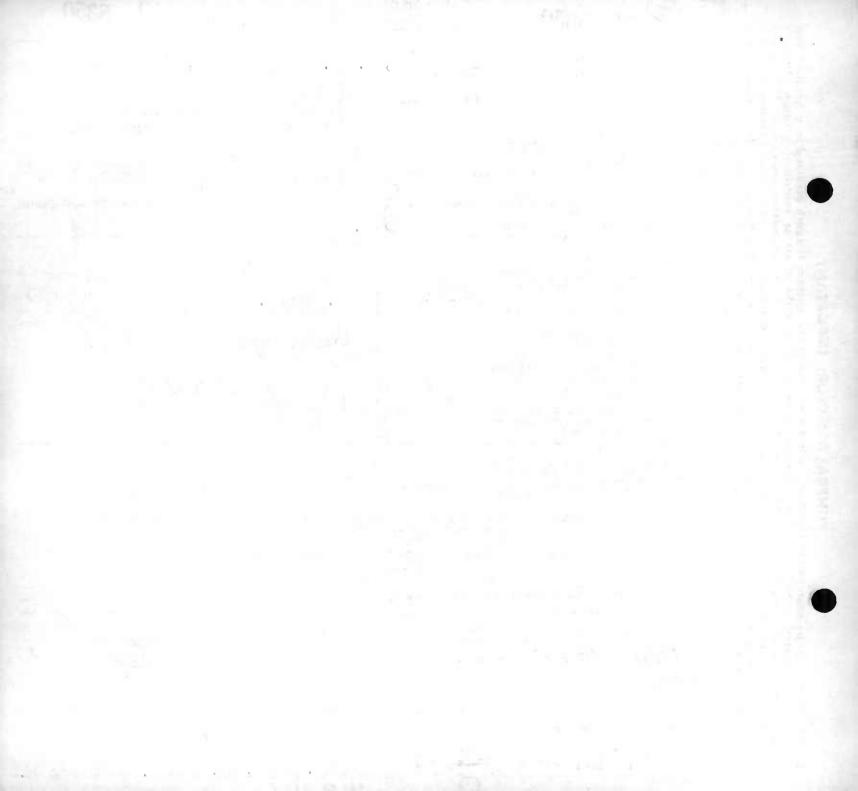
MC (ully Funeral Homes 130 E. Font Ave.)

VS 151-REV. 1/1/68



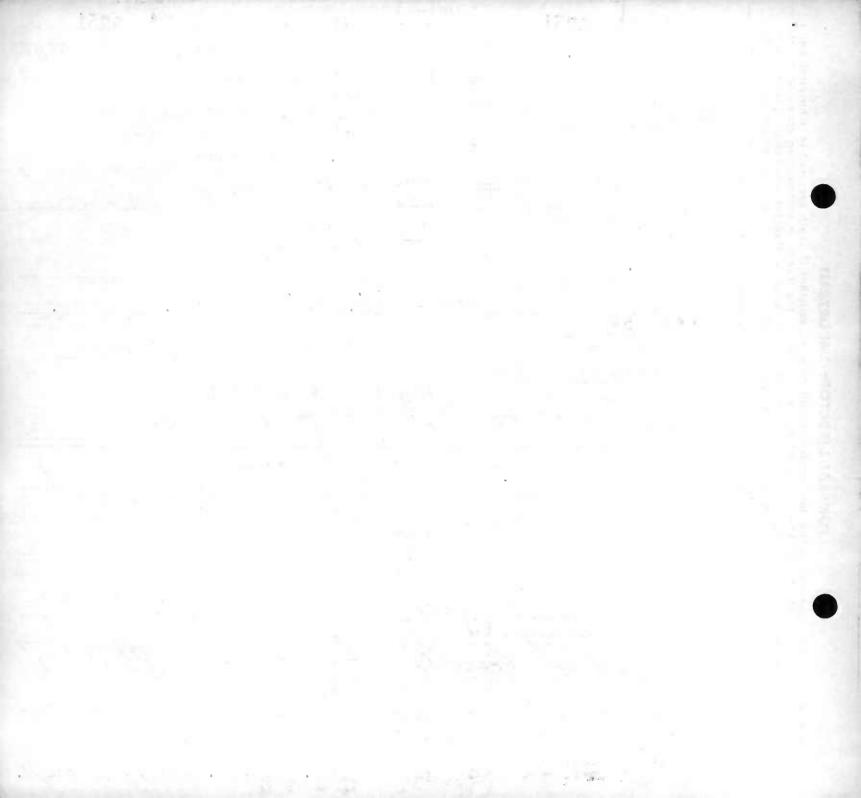


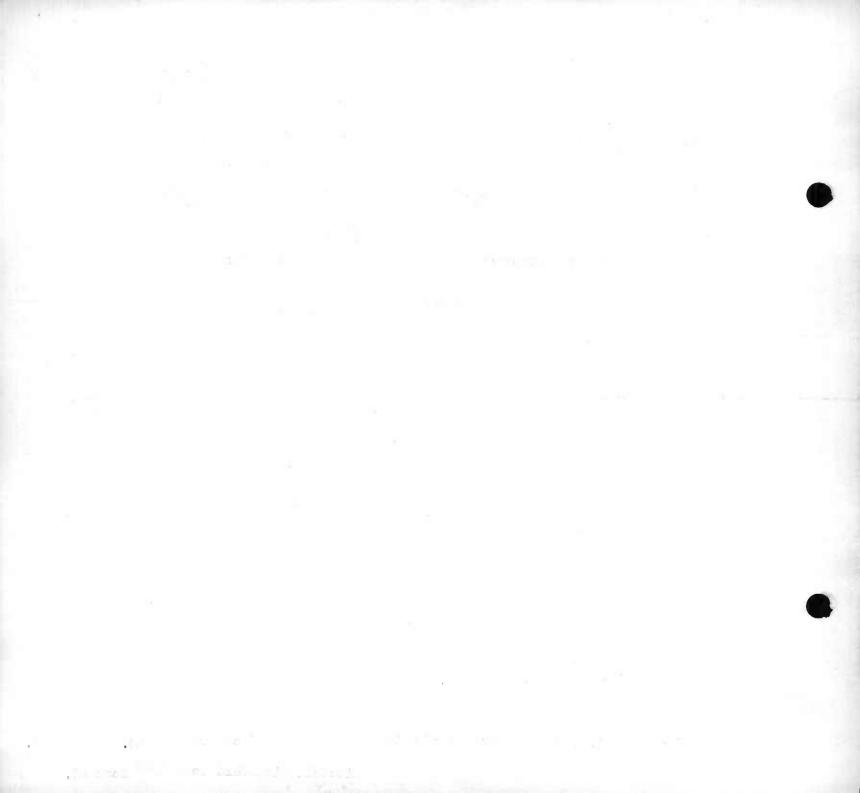
BIRTH NO. 71. 833				000 010	L COU
	U	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED	1) .1	1 , 1	2. DATE A	NO HOUR OF DEATH	
Jewe	LL,U	ILLIAM.	L. Sn. Sep.	tember 1,	77 M.
3. PLACE IN SALTIMORE MARYLAND,	WHERE PRONO	UN CED DEAD	A. STATE B. COU	ere deceased lived, tf in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSP	TAL OR INSTITE	UTION, GIVE STREET	"aryland		2664
FULL NAME OF HOSPITAL OR ADDRESS OR LOCK INSTITUTION	CATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
37 Mana.	11	,	Baltimore		YES NO
3/ MERCY	Hospita	(8637 Roberts	Place	
5. SEX 6. RACE	7		& DATE OF BIRTH	IO AGE (In weeks	If Under 1 Yr., Il Under 24 Hrs.
111		NEVER MARRIED	2/1/193	lost birthdoying	Months Days Hours Min.
10A. USUAL OCCUPATION (Give bind of we	WIDOWED		11. BIRTHPLACE (State or for		12 CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired	n 1				
Ship Sealers Boss	Nasren	ma Steamship			USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
William Sewell			Cathe	rine Cosaro	ve
5. Was Decoaced Ever le U. S. Anned F (Yes, no or unknown) (If yes, give war or da	orces?	16 SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS
No		216-07-55161	A Mrs. Mary E.	. Sewell 36	31 Roberts Place
18. / 6 3 . /		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION D	DIRECTLY		2 1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	11-1-11-11	(A) IMMEDIATE CAL	USE DWWWW	pullmen	in great
heart failure, asthenia, etc. It mean		DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which cause	ed death.)	1 -	1.010	. 11 4 .	47
ANTECEDENT CAUSE	ES	(8) (0)	1 wy the lung	migh well	lasters,
DISEASES OR CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
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rise to the above cause (A UNDERLYING CONDITION last.		(c) and	envelent	i desers	e
nise to the above cause (A UNDERLYING CONDITION last.	stating the	(a) and	envselenti Desia	i desers	e
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nise to the above cause (A UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELIABED TO DISEASE OR CONDITION GIVEN IN P. 19A-DATE OF OPERATION 198. CO WAS PE UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	ONTRIBUTING THE TERM(NAL ART 1 (A). MODITION FOR VERFORMED	(c) Ca Ca WHICH OPERATION PLACE OF INJURY (e.g., lee, form, foctory, street, o	envselenti elecia		
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

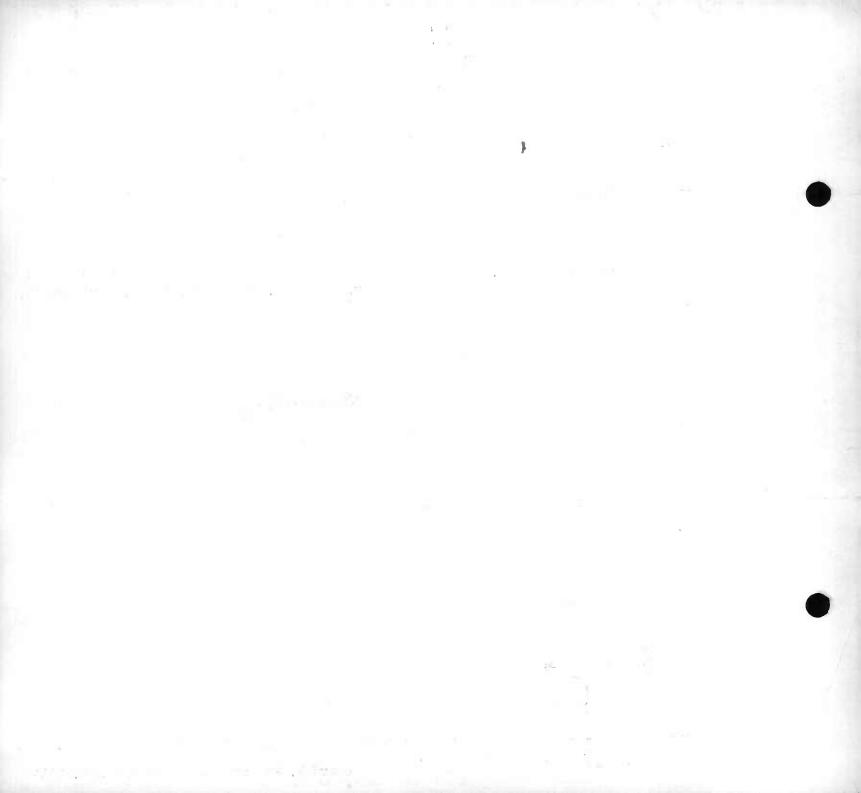
	1)		BALTIMORE CITY	HEALTH DEPART	MENT	mb. 84
	3-300 71 8351		CERTIFICA	TE OF DE	ATH REG. NO.	'71 8351
	TH NO.		021(11.10)			
	AME OF DECEASED			2.	DATE AND HOUR OF DEA	TH,
	Coral Buck				8-31-7	1 2:15 Pm
3.	PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived. I	Il institution; residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATI	OR INSTITU	TION, GIVE STREET	Maryla C. CITY OR TOWN		INSIDE CITY LIMITS?
IIV .	Mercy Hospital					
0	>17			Baltimo E. STREET AND N		YES NO
-	5 /					
	*			14 N. El	Lwood Avenue	
5, 5	EX 6. RACE 3 7.	MARRIED [NEVER MARRIED	& DATE OF BIRTH	9. AGE (in years lost birthday)	Months Days Hours Min.
		WIDOWES		17/4/194	lost birthdayl	Months Days Hours Min.
0.4	USUAL OCCUPATION (Give kind of work)			11 BIATURI A CE IC	XXX /6	TO CONTENT OF WHAT COUNTY
	e during most of working life, even if refired)	IS NIND OF	POSINESS OF INDUSTRI	I I BIKINTEACE IS	interest of total of country!	12. CITIZEN OF WHAT COUNTRY
	Housewife			Virginia		USA
2	FATHER'S NAME			14 MOTHER'S M		UJA
-30						
	Walter A. Newton			Lavina	Hester Tally	
5.	Was Decoused Ever in U. S. Armed Force	47	1 & SOCIAL			ADDRESS
Ye	Was Deceased Ever In U. S. Armed Force i, no or unknown) (If yes, give war or dates	al service)	SECURITY NO.	Vir. John	M. Grimshaw	
	No		219-28-386	Mr. Kenn	eth Hughes 14	N. Ellwood Ave.
	18.26 A D Y		CAUSE OF DEAT			APPROXIMATE INTERVAL
				D 4	1 10 /	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	CILY		13.00	to Con Herent	to Declaration in
			(A) IMMEDIATE CAU		C. Color or coop	forem wa
	(This does not mean the mode of d heart failure, asthenia, etc. It means th	lying, e.g.,	DUE TO, OR AS	A CONSEQUENCE O	f: (/	V
	injury at complication which caused d				1 /	
	ANTECEDENT CAUSES		1140	1. 1. 1. 0	Len Teli Com	c
	ANIECEDENT CAUSES		(8)	LUSINA	been to catheres	
	DISEASES OR CONDITIONS, If an		DUE TOUTOR AS	A CONSEQUENCE	OF:	1
	rise to the above cause (A) a UNDERLYING CONDITION last.	taling the	in Corel	ral more	archan Clf	
	ONDERLING CONDITION 148L		(c) C2333			
				n	. 1 0	0
ö	OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING	Der	ie selv	ld length ost	llise
Ē	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1			7	- 61	
CERTIFICATIO	19A-DATE OF OPERATION 19% CONDI	TION FOR W	HICH OPERATION	20A. AUTOPSYT	(Yes or No) 208, IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
#) WAS PERFO	SWED		1100	IN CERTIFYING	CAUSES OF DEATH?
2		love		Y ()		
0	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home	PLACE OF INJURT languit form, factory, street, of	fice bldg, INJURY	OCCUR?	timore City, give exect location)
₹	DEATH (notify medical examined	etc.)				
	21D. TIME (Month) (Day) (Year)	Houd 21E	INJURY OCCURRED	215 801	W DID INJURY OCCUR?	
MEC	OF INJURY				DID INJOR! OCCOR!	
2	IAPPROXI	Whil	Not White			
		11.7				7.10 3/ 22/
	22. I certify that (!) (this hospital)		/ /		19ta	Cun 3 (1971
	that (i) (we) last saw the deceased	alive on_	My 3		and that in (my) (our)	opinion death occurred on the date
	• ,	_		danisha tada da	•	
	and hour and from the causes state	a abeter (I)	(ue) (aie) (aio per) v	tew the body att	sr adain.	238, DATE SIGNED
	23A SIGNATURE	DO				238, DATE SIGNED
	(boe 1/2 X5/	200	114 B. Atte	nding Med	ctor Phys.	(SO17/7/
	22C. PHYSICIAN'S	1	THE GREEK	23D. ADDRESS	- 11/3/	The state of the s
1	NAME (Type)	//			2	-7
				110	us Nos	6
24	. BURIAL CREMATION, 248, DATE	24C. NA	ME of CEMETERY OF CR	MATORT	24D LOCATION	(City, town, or county) (State)
	REMOVAL (Specify)					
	Burial / 9/3/	71 Ga	rdens of Fai	th (emete	ry Baltimore,	Maryland
25	A. DATE REC'D BY HEALTH DEPT.	SE NAME O	FREGISTRAR	25C. FUNERAL		ADDRESS
	SEP 7 1024 0	_			4	000 6 11 11. 6.
	Jan Jak	Ber E. 4	Auten KB	John A.	Moran Inc. 30	000 E. Baltimore St
	150-REV. 1/1/68	8 5	1.0		1.1	





10-1001	1914 OF	52		TY HEALTH DEPARTMENT	REG NO	71 8	252
BIRTH NO.		353	CERTIFIC	ATE OF DEATH		4	MUU
(Type or Print)	GRUMBINE,				and Hour of Deat st 30, 1971	н	1:00
3. PLACE IN BAL	LTIMORE MARYLAND	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased lived. II	institution: reside	ence before admis:
FULL NAME OF	(IF NOT IN HO!	PITAL OR INSTITU	JTION, GIVE STREET	Maryland			120-
INSTITUTION	BALTIMORE	CITY HOS	PITALS	C. CITY OR TOWN Baltimore	D. IN	NSIDE CITY LIMIT!	
31	4940 East			E. STREET AND NUMBER		AE2 [_]	№ 🗌
		. Marylan	nd 21224	3501 St. Pa	ul Street	21218	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 1 Manths: Day	Yr. II Under 24 ys Hours Min
Male	White	WIDOWED	X DIVORCED	10-30-86	last birit dayl	Treating Day	THOUS MAIN
andres courting trans of	margined the agent to thilts.			RY 11. BIRTHPLACE (Stote or los			OF WHAT COUN
KETIREI 13. FATHER'S NA!		TALL	ROAD	BALTIMORE	E, MD.	US	A.
13. PATHER'S NAP	ME	C		14. MOTHER'S MAIDEN NA	ME		
16 W 5		GRUMBI	NE:	UNKNOWN			
(Yes, no or unknown)	Ever in U. S. Armed	Farcas? ates of service)	SECURITY NO.	BCH RECORDS—	4940 Easte	rn Avenu	DRESS
			717-07-7597		Baltimore,		_
18. 444	1,21		CAUSE OF DEA			AP	PROXIMATE INTERVA
DISEAS	E OR CONDITION LEADING TO DEAT	DIRECTLY	UP	en D.I. Bl	cel	DE! W	EEN ONSELAND DE
(This does n	ol meon the made	of dving. e.g	(ALIMMEDIATE C	AUSE S A CONSEQUENCE OF:			**************
neoil loilure.	asthenia, etc. It meo plication which caus	ns the disease	00210,000	JA CONSEQUENCE OF:	1 0 -	_	
A	ANTECEDENT CAUS	ES	Duscon	Vicepungery SA CONSEQUENCE OF:	somee)		7/30/71
DISEASES O	R CONDITIONS, 1	l any, giving	DUE TO, OR	S A CONSEQUENCE OF	***************		
UNDERLYING	abave cause (A	() stoting the	(c)				
	11		(0)	*******************************	***************************************		**************
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 7-30 21A. ACCIDEN	CANT CONDITIONS C	ONTRIBUTING	Sa	le Denatia			+
DISEASE OR CO	ONDITION GIVEN IN P	ART 1 (A)	*************	*****************************			- gors
7-30 -		ERFORMED	/	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE	FINDINGS CON	ISIDERED
	TING CAUSE OF	otic Small	LACE OF INJURY (e.c.	in or obouy 21 C. WHERE DID			Yes
DEATH (notify	medical examined	home,	, form, foctory, street,	olfice bldg., INJURY OCCUR?	he in parime	are City, give exac	ci tocotion)
O 21 D. TIME	(Month) (Day) (Yea	r) (Hour) 21 E 1	NJURY OCCURRED	21F. HOW DID INJ	HIRY OCCUP		
(APPROXI		While	At Not Wh	ile 🖂	on occor.		
22. I certify	that (I) (this haspit				:0.0	6/5	
	last saw the decea		8/30	7	197 <u>0</u> ta	8/30	//
		and the same of th	(M=) (414 v)	view the bady after death.	at in my) (aur) ap	inian death ac	curred on the d
23A. SIGNATUR	(E	1 0	("0)((10) (110 1101)	view the bady after death.		23B, DATE SIG	NED
K	107	1 Kild	/ DL	ending Med.	Staff Phys.	0/	2 / -
23C. PHYSICIAN NAME (Ty	42	. 1 - 4/1	DEGREE FR	23D. ADDRESS	Phys. B	8/	301 11
The state of the s	•	. Ruxin, M	MD	4940 Eastern A Baltimore, Mar	venue		
4A. BURIAL CREW	MATION, 24B. DATE		AE al CEMETERY OF CI			ily, tawn, or caur	nty) (State)
BURIA	L 9/2/7			CEMETERY		SVILLE	•
SEP		258. NAME-OF		25C. FUNERAL DIRECTOR			DDRESS
SEP	(ISVI 34	Here E. Va.	iber The	MITCHELL A	_		
150-REV. 1/1/61	В						





FUNERAL DIRECTOR:

M-25%	1	pe-	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	14 0	the bar have	
BIRTH NO.	17 000	Ð	CERTIFICA	TE OF DEATH	REG. NO.	1 8:	355	
1. NAME OF DE	HAZEL	ELEANOR	MC NEAL		ND HOUR OF DEATH			
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONG	UNCED DEAD	Septe	mber 1, 197	1		
	- The state of the	WHERE PROME	ONCED DEXD	4. USUAL RESIDENCE (Whe	ore deceased lived. If it	nstitution; resi	dence before admission	
FULL NAME OF	F (IF NOT IN HOSP	TAL OR INSTIT	TUTION, GIVE STREET	Maryland	Ba1ti	more	5 30	
INSTITUTION	ADDRESS OF TOO	AIIONI		C, CITY OR TOWN	D. INS	IDE CITY LIM	ITS?	
111	St. Agnes Hos	spita1		Catonsville		YES	NO X	
TOV	Wilkens & Cate	on Avenu	es 21229	E. STREET AND NUMBER				
5. SEX				235 N. Beaumon		21228		
	6. RACE	7- MARRIED	NEVER MARRIED		9. AGE (In years lost birthday)	II Under 1 Months: D		
Fema le	White	WIDOWED	DIVORCED _	8-9-1915	56	I VIOIIIIS D	oys Hours Min.	
10A, USUAL OC	CUPATION [Give kind of wo f working life, even if retired]	rk 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of fore	ign Country)	12. CITIZEI	OF WHAT COUNT	
	ffice Work		Cronheim Co.	Kentucky	V	7.7	CAA	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA		U,	S.A.	
	Thomas B	nt on						
S Was Dans	Thomas But	rton		Laura O'Ne	a1			
Yes, no or unknow	(If yes, give wor or do	les of service)	SECURITY NO.	17. INFORMANT		A	DDRESS 21228	
No			219-30-9780	Mr. Harry V. M	CNea1 235	N . Boan	mont Arro	
18. 7 =	4-11		CAUSE OF DEAT	Н	ERCE1, 255		APPROXIMATE INTERVAL	
DISEA	SE OR CONDITION D	RECTLY		9. 1 6.1		BET	WEEN ONSET AND DEA	
	LEADING TO DEATH		(A)IMMEDIATE CAU	Pulmonary Eden	na		one hour	
heort failure	nal mean the mode of astheria, etc. It means	f dying, e.g.,	0115 70 00 46	A CONSEQUENCE OF:				
injury or co	mplication which cause	d deoth.)						
	ANTECEDENT CAUSES	S	Cardia	c Arrythemia			ive years	
DISEASES	OR CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			ive years ight years	
rise to th	e above cause (A) G CONDITION lost	stating the		nated Lupus Ery	thonatomia		ight wages	
ONDERLIN	G CONDITION lost.		(c)	sacea Lapas (reg	a tenacosas		agu gewa	
Z								
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	THE TERMINAL						
U 119A. DATE OF	ONDITION GIVEN IN PA	RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	V 008 15 W-0			
	WAS PER	FORMED	WINCH OFERATION	200. AUTOPSTY (Tes of No.	IN CERTIFYING CA	USES OF DEA	NSIDERED	
21A. ACCIDE	NT WAS UNDERLYING	7 21R	PLACE OF INITIRY (a.c. in	or obout 21 C. WHERE DID	// / / / / / / / / / / / / / / / / / /			
OR CONTRIB	NT WAS UNDERLYING [UTING [] CAUSE OF medical examined	hom	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(It In Boltimore	e City, give e	xoct location)	
U								
OF INJURY	(Month) (Dayl (Yeatl	1110011	INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?			
[APPROX.)		Whi	le At Work	. 🗆 .				
22.) certify	that (1) (this hospita	I) ottended ti	ne deceased from Ar	nil	959 10 Septe	ember I	10 71	
	last saw the decease		A		Jufaman 10 Martinfalists	M18025025		
			. 0	197/and the	in (my) (our) opii	nan death c	occurred on the do	
23A. SIGNATI	o nom the causes sta	red opove. ()	/ (MOLXOLOQ (did not) v	lew the body ofter death.				
for	5	P	11 7	odina es a de d		23 B. DATE S		
	Attending & Med. Stoff Stoff September 3, 1971							
23C. PHYSICIA NAME (1	ype)		2	3D. ADDRESS		-		
	James E.	Rowe	-	5550 Baltimo:	re National	Pike	Raito Ma	
4A. BURIAL CRE	MATION, 248. DATE	24C.NA	ME of CEMETERY OF CRE			ly, lown, or co		
REMOVAL (-						
SA. DATE REC'D		25B NAME O	st Lawn Cemete	,	ward County,	, Maryla		
The state of the s	1970		Jaber M.D.	25C. FUNERAL DIRECTOR			ADDRESS	
(C + CO = C + C + C + C + C + C + C + C + C + C		المواطع وا	NATION LE	Howard H. Hubl	oard, 4107 V	Vilkens	Ave. 21229	
S 150-REV. 1/1/	08							



DIRECTOR:

FUNERAL

shows: (1) the body

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9-4-1971

written approval must be obtained before the remains are embalmed or final disposition is made.

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prior to death.

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cause; (5) Deceased

Cause

L,	1 2011			BALTIMORE CITY	HEALTH DEPAR	TMENT V	174	00517	
-	- July	THE OWER	·y	CERTIFICA	TE OF DE	ATH A	EG. NO.	8301	
	TH NO.	71 830	1.	92.11.11.13.1					
	D/-d	TICKELL, H	ARRISON	THE OD ORE		SEPTEMBE		71 5:3	0 P.M.
3.	PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOUN	ICED DEAD	A. STATE	B. COUNTY AN	NE ARUNI	ition; residence before	odmission)
FU HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUT	ION. GIVE STREET	MARYLAN c. CITY OR TOW	D KYNYKY	MOREXXXX	CITY LIMITS?	x
	40	ST. AGNES			Annapo		YI	ES NO 🛚	
		CATON & W	ILKENS	AVE.		KKKKKKKKK.	Rt. 5.,	Box 268	
		RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRT			Under 1 Yr. , If Un	der 24 Hrs.
	ALE	WHITE	WIDOWED		08/11/81	lost birth	0	Nonths Doys Hours	Min.
10A	USUAL OCCUPA	ATION (Give kind of work	10B KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country	yl 1	2. CITIZEN OF WHAT	COUNTRY
В	ROILER	rking life, even if refired) INSPECTOR	B & 0	RAILROAD	MARYLA	ND		U. S. A.	
13.	FATHER'S NAME				14. MOTHER'S M	AAIDEN NAME			
		son T. Stick			EMMA	Easter	1 y	DEC	D
15. (Ye	Was Deceased Ev	rer in U.S. Armed Force yes, give wor or dote:	es?	6. SOCIAL SECURITY NO.	17. INFORMANT		RΔ	LTO ADDMD . 2	1220
	NO				ST. AGN	ES HOSPI		TON & WIL	KENS
П	18. = 8 8	1/K	3	CAUSE OF DEATH	1			APPROXIMATE BETWEEN ONSET	
		OR' CONDITION DIR ADING TO DEATH	ECTLY	A KAMI	Proba	Inday 1	=mbol.	110 4d	115
	l heart failure, as	mean the mode of thenia, etc. It means caken which caused	the disease.	DUE TO, OR AS	A CONSEQUENCE	OF:	- rowo (4
	1	TECEDENT CAUSES	A A	St. Dehr	dratio	ovi		15da	15
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE	OF:	~	_ V	-
		above cause (A)	slaling the	Tallyter	troch	fx (K)	ervu	5 Zuk	<u></u>
-		- 11	= /-	. #					
ATTO	TO THE DEATH I	ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMINAL	<u>] </u>					*********
ERTIFIC	1	PERATION 19B. CONI	DRMED FX	his 1		Yes or No. 20B. IF			
D	21A. A CCIDENT OR-GONTRIBUTH DEATH (notify m	WAS UNDERLYING	21 B. PL home, etc.)	ACE OF INJURY (e.g., if	or obout 21 C. WH	OCCUR HOUSE	(If In Boltimore Ci	ty, give exoct locotion	LUCSING
EDIC/	21D-TIME (A	Month! (Day) (Year)	0.00	HOWLE-	100	W DID INJURY OCC	16 F	USTING	AVE
ME	OF INJURY		While	At Not While		all to	5/2	_	300
			Work attended the			10 71	to CE DIE	WDCD 1	10 71
	that (N (we) la	st sow the decease	alive on_C	EPTEMBER	0031 1 1 1971	and that in (m)) (our apintor	death accurred a	n the date
				We) (did) ()(i)()(o)(v			, (out) aprillo	. deall occorred o	iii iiio care
	23A. SIGNATURE	21-1-					231	B. DATE SIGNED	
	12	Muant		DEGREE Phys		d. Staff Phys.		9/1/71	
	NAME (Type	1011	- 1		3D. ADDRESS	Λ		//	
24.4	BURIAL CREMA	ATION, 248, DATE	>tuar	DEGREE NE of CEMETERY OF CRE	57	raves	105x	0	454-4.3
1100	2544014444	THE PERSON NAMED IN	IZTU: ITAN	IN U. WENTERERI OF CRE	MINIORE	2 D. LOCATION	(City, M	own, or county)	(Stote)

Woodlawn Cemetery
REGISTRAR
REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 4107 Wilkens Ave. 21229 Hubbard, VS 150-REV. 1/1/68

Woodlawn. Maryland

LESS TO THE SECOND SECO

CERTA DE LA COMPANSION
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

C-35	2			RTMENT	1	74 0258
BIRTH NO.	71 8358	3	CERTIFICA	TE OF DEATH	REG. NO	300
I NAME OF DE	CEASED			2. DATE A	ND HOUR OF DEAT	н
Type or Phall	Chittendam, Ma	ary E. C	hittenden	9/	1/71 3:0	O P. M.
3. PLACE IN BA	LTIMORE MARYLAND, V	HERE PRONOL	NCED DEAD	4. USUAL RESIDENCE INT.	ere deceased lived, if	institution: residence before admission
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Marland	GALT	0 5300
HOSPITAL OR				C. CITY OR TOWN		ISIDE CITY LIMITS?
217	Mercy Hosp 301 St. Paul			Maryland,	Balto.	YES NO
3/	JOI St. Pau	L Page		E. STREET AND NUMBER 4208 W.	illshire Ave	2.
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs Months! Days Hours Min.
F	W	WIDOWED [6/7/02	9. AGE (In years lost birthdoy)	Months Days Hours Min.
A, USUAL OCC	CUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
nouse	(working life, even if retired)			Maryland		U. S.A.
FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NA		
Jonn	Lampley			Julia Mille	r	
. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO NO	n) (If yes, give war or dote	a or service!	215-48-449	Mr. Arthur Ch	rittenden -	208 Willshire Ave.
	1.80 170 15	A 0	CAUSE OF DEAT			APPROXIMATE INTERVAL
7 7 40	SE OF CONDITION OF	STATE OF THE PARTY	CHOOL OF BEAT		C1. 1	BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DI	RECILY		Cardiogenic Post M. I.	Snock	
IThis does	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	9E	*************************	************************
heart failure,	, asthenia, etc. It means	the disease,	DUE 10, OR AS	A CONSEQUENCE OF:		
injury or con	mplication which caused	death.)				
	ANTECEDENT CAUSES		A.S.H.	D. Diabetes Me	llitus	
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise for the	de above cause (A)	stating the	(4)			
			(C)			
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBITING				
I IO THE DEA	TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	**********		******	***************************************
JOA DATE OF	F OPERATION 119% CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY! (Yes or N	o) 208, IF YES, WERE	FINDINGS CONSIDERED
21A. ACCIDE	WAS PER				IN CERTIFYING C	AUSES OF CEATH?
OR CONTER	NT WAS UNDERLYING	216, [or about 21 C. WHERE DID	(If In Baltime	ore City, give exact location)
OEATH (notif)	y medicol examined	etc.)	sum, toctory, sneet, of	ice bldg. INJURY OCCUR?		
21D. TIME	(Month) (Doy) (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			At Work			
	4 - 41 / 4 - 1 - 1	Work				
	that (1) (this hospital		e deceased from		.19to	
that (i) (we)	last sow the decease	d alive an	***************************************			inion death occurred on the date
ond hour an	d from the causes stot	ed above. (i)	(We) (did) (did not) vi	ew the body ofter deoth.		
23A. SIGNATI		1				23B. DATE SIGNED
	lohan	Oh	O Money Phys	ding Med.	Staff Phys.	9/1/21
23C. PHYSICIA	ANS	V	DEGREE	3D. ADDRESS	тиух, чере	1 111
NAME (Tolar	1 01	TE	Meray H	Se 1. 1. 0	D-Otimura
A. BURIAL CRE	EMATION, 124B, DATE		ME of CEMETERY OF CRE		OCATION (C	Danimore "
REMOVAL	(Specify)	270.17	AND OF SERVICION OF CRE	240, 1		City, town, at county) (State)
Buria	1 9-4-71	Im	ranuel Luther	in Com	Balto. Md.	-21214
A. DATE REC'D	EP 7 107	25B, NAME OF	REGISTRAR			ADDRESS 15 Belair Rd21206
3	4988	Robert E,	Table, KB	John (. Mil	cer inc041) Delair Rd21206
s 150-REV. 1/1/	/68		40 m	6 5 5 5		

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Edward H. Keene 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 40 FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland . Baltimore 70 C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE CITY HOSPITALS 0 NO K YES -4940 Eastern Avenue prior E. STREET AND NUMBER Baltimore Maryland 21224 005 2509 Veronica Ave. 22219 is mad If Under 1 Ya 8. DATE OF BIRTH 9. AGE (In years Il Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED X Hours deceased lost birthday 8-30-35 36 WIDOWED DIVORCED White IDA USUAL OCCUPATION (Give kind of workings, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if refired) U.S.A. Renick, West Virginia Bethlehem Steel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kershner Harvey Keene Leta FO SECURITY NO. 15. Wee Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT final 4940 Eastern Avenue attendance U.S. Army Yes -52-4437 Baltimore, Maryland 21224 BCH-Records SAUSE OF DEATH APPROXIMATE INTERVAL 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH IMMEDIATE CAUSE (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease. DUE TO, OR AS A CONSEQUENCE OF: P injury or complication which caused death.) Ee nB ANTECEDENT CAUSES 0 DUE TO, OR AS A CONSEQUENCE OF: the remains are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating UNDERLYING CONDITION lost Was Н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) before 218 PLACE OF INJURY (e.g., in or about 21G, WHERE DID home, form, factory, street, office bldg., INJURY OCCURY OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact lacation) °N MEDICAL DEATH (notify medical examined obtained 216 HOW DID INJURY OCCUR? 21D. TIME (Hous (Month! (Day) (Year) 21 & INJURY OCCURRED 9 OF INJURY While At Not While r [APPROX] At Work and Work 22. I certify that (1) (this hospital) attended the deceased from and that in(my) (our) opinion death occurred on the date that (1) (We) last saw the deceased office on, 99 eath) and hauf and from the causes stated above. (1) (We) (did) (sid not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED T Attending [2 Director Phys. pproval DEGREE 23C. PHYSICIAN'S NAME IType innerfield, 23D. ADDRESS prior 4940 Eastern Avenue Baltimore Maryland DEGREE 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 240 NAME OF CEMETERY OF CREMATORY (City, town, or county) deceased 0.0 9/7/71 Morningside Cemetery Lewisburg, Greenbrier, West Virginia Burial 25A. DATE RECED TY 82. NAME OF REGISTRAR Was 25C. FUNERAL DIRECTOR Loring Byers, 8728 Liberty Rd. Randallstown, Maryland 21133 VS 150-REV. 1/1/68 3

i.

24C. NAME of CEMETERY or CREMATORY

Western

258. NAME OF REGISTRAR

24D, LOCATION

Balto. Md.

Leonard J. Ruck INc. Balto. MD.

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

(Stote)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

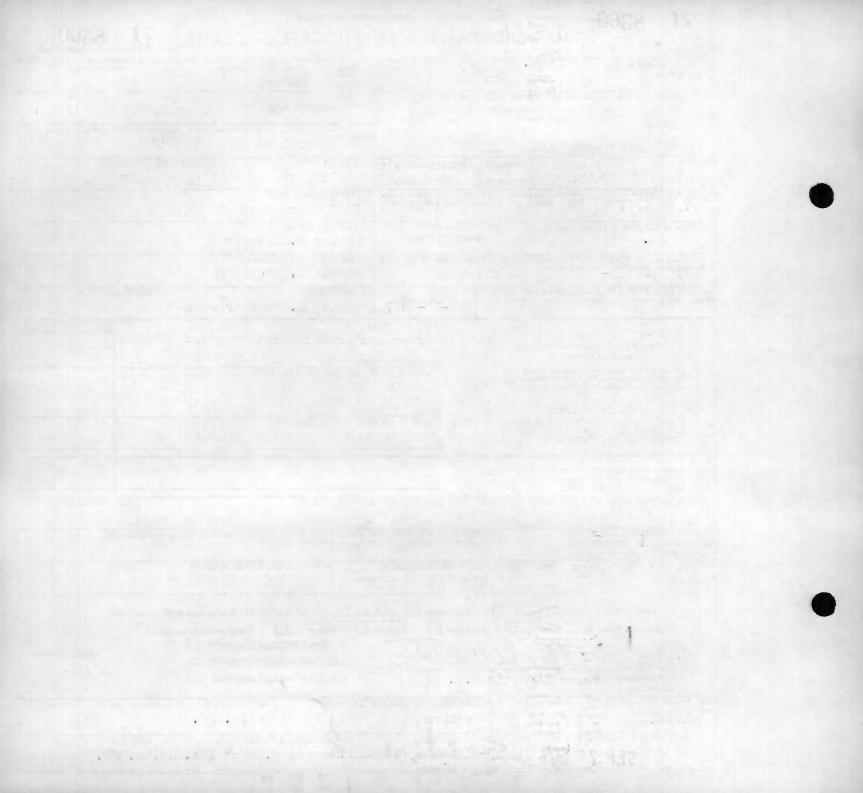
REMOVAL (Specify)

VS 151-REV. 1/1/68

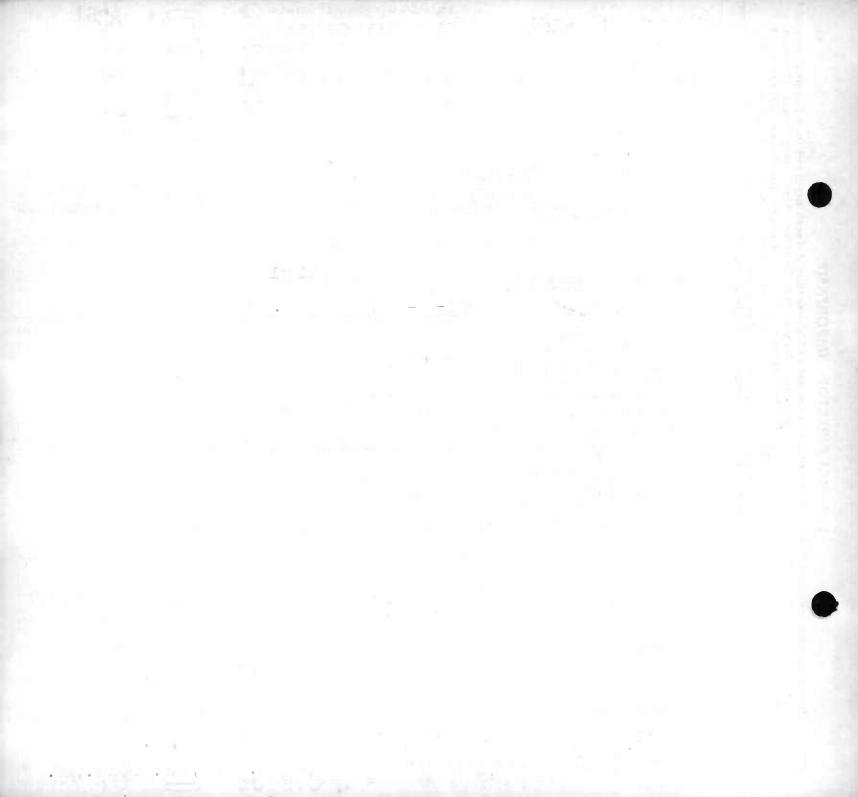
24B. DATE

9/7/71

:14



0 - 1 - 1 - 1	BALTIMORE CITY	HEALTH DEPARTMENT		1014 00061
6-2/0 71 8361 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 8361
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEAT	н
WINIFRED	F. O'KEE	FF KKOT	EMBER	3 47/0.30 h.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE IWhe	re deceased lived. If	institution: residence before admission
SHILL MALE OF THE NAME OF THE PARTY OF THE P		A. SIAIE B. COUR	ΙΤΥ	1 \ 1
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION!	MIUTION, GIVE STREET	MARYLAND		1200
INSTITUTION		C. CITY OR TOWN		VSIDE CITY LIMITS?
7-1		BALTIMORI		YES NO
UNION MEMORIAL 1	HOSPITAL	E. STREET AND NUMBER		
	MOSTITIC	309 E.	4795	ST.
5. SEX 6. RACE 7. MARRIE	D'NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Mine
F WIDOWE		1011711813	last birthday)	Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	gn country)	12. CITIZEN OF WHAT COUNTRY
fone during most of working life, even if retired)				12. CHIZER OF WAA! COOKIN
HOUSEWIFE		MARYLAN	J.D	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
EDWARD O'DO		A A	- 0	- 1 1
5 Was Description In 11 6 American	NNELL 116. SOCIAL	Abigal	Roc	
res, no or unknown) (II yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	215-07-612	7 Dennis F. O	'Keefe	Same as Above
18. 9 11 / 9 1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the diseas injury or complication which caused death.)	e, DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	SE	PTICEMIA		
DISEASES OR CONDITIONS, if any, givin		A CONSEQUENCE OF:		
rise to the above cause (A) stating th				
UNDERLYING CONDITION last	(c) 171= YA	ITIC CIRR	OHSIS	
_ M				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	;			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	***************************************	***************	************************	
19A. DATE OF OPERATION 198 CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORMED			IN CERTIFYING C	ATTES OF DEATHS
				AUSES OF BEATH!
1 21A. ACCIDENT WAS UNDERLYING 1 21	B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	Ill to Pale	
On CONTRACTOR CO.	18. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltim	ore City, give exact location)
On CONTRACTOR TO CO.	IB.PLACE OF INJURY (e.g., in ome, farm, foctory, street, off c.)	n or about 21 C. WHERE DID	(If In Boltim	
DEATH (notify medical examiner) 10 DEATH (motify medical examiner) 10 DEATH (Month) (Doy) (Year) (Hour) 21	ome, farm, foctory, street, office. E. INJURY OCCURRED	21F. HOW DID INJU		
DEATH (notify medical examiner) 21D.TIME (Month! (Doy) (Year) (Hour) CAPPROX)	E INJURY OCCURRED /hile AI Nat While	21F. HOW DID INJU		
OR CONTRIBUTING CAUSE OF The PACK CAUSE OF THE P	E INJURY OCCURRED Thile AI Not While At Work	21F. HOW DID INJU	JRY OCCUR?	ore City, give exact location)
OP CONTRIBUTING CAUSE OF The DEATH (notify medical examiner) OF INJURY OF INJURY (APPROX)	E INJURY OCCURRED Thile AI Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
OR CONTRIBUTING CAUSE OF The PACK CAUSE OF THE P	E INJURY OCCURRED While AI Nork the deceased fram	21F. HOW DID INJU	JRY OCCUR?	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month! (Doy) (Year) (Hour) 21 OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive an.	E INJURY OCCURRED Thile AI Not While At Work The deceased from SERTEM SER	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY 26027 31 1 319 71 and the	JRY OCCUR?	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D-TIME (Months (Doy) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated above.	E INJURY OCCURRED Thile AI Not While At Work The deceased from SERTEM SER	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY 26027 31 1 319 71 and the	JRY OCCUR?	ore City, give exact location) FIEMBER 3 19 1/ Dinlan death occurred an the data
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D.TIME (Month! (Doy) (Year) (Hour) 21 OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive an.	E INJURY OCCURRED While AI Not While At Work the deceased from SERTEM BER (I) (We) (did) (did not) vi	21F. HOW DID INJUNE OCCURE 21F. HOW DID INJUNE	JRY OCCUR? 9 71 to SE of In(my) (aur) of	ore City, give exact location)
OR CONTRIBUTING CAUSE OF CAUSE	E INJURY OCCURRED While AI Not While At Work the deceased from SERTEM BER (I) (We) (did) (did not) vi	21F. HOW DID INJUNE OCCURE 21F. HOW DID INJUNE	JRY OCCUR? 9 71 to SE of In(my) (aur) of	ore City, give exact location) FIEMBER 3 19)/ Inlian death occurred on the date 238 DATE SIGNED
OR CONTRIBUTING CAUSE OF CAUSE	E INJURY OCCURRED Thile AI Nat While At Work The deceased fram STEPTEM BER (1) (We) (did) (did not) vi	21F. HOW DID INJUNE OCCURE 21F. HOW DID INJUNE	JRY OCCUR?	ore City, give exact location) FIEMBER 3 19 1/ Dinlan death occurred an the data
OP CONTRIBUTING CAUSE OF CAUSE	E INJURY OCCURRED While AI Not While At Work the deceased from SEPTEM BER (I) (We) (did) (did not) vi	21F. HOW DID INJUNY OCCUR? 21F. HOW DID INJUNY 3 19 71 and the lew the bady after death. Med. Director 13D. ADDRESS	JRY OCCUR? 9 71 to SE of In (my) (aur) op Shoff	ore City, give exact location) FIEMBOR 3 19 1/ Dinian death occurred an the data
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) PROVIDED TO STATE (Monthi (Doy) (Year) (Hour) (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typel) CESAR UIWARDN	E INJURY OCCURRED While AI Not While At Work the deceased from SEPTEM BER (I) (We) (did) (did not) vi	21F. HOW DID INJUNCTION OF THE PROPERTY OF THE	JRY OCCUR? 9 71 to SE If In (my) (aur) op Shoff A	PIEMBER 3 19 7/ Dinian death occurred an the date 23R DATE SIGNED SEPT 3 71
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. 23A. SIGNATURE 23C-PHYSICIAN'S NAME (Typel CESAR UIWARDN	E INJURY OCCURRED While AI Not While At Work the deceased from SEPTEM BER (I) (We) (did) (did not) vi	21F. HOW DID INJUNCTION OF THE PROPERTY OF THE	JRY OCCUR? 9 71 to SE If In (my) (aur) op Shoff A	ore City, give exact location) FIEMBER 3 19)/ Inlian death occurred on the date 238 DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) PROPERTY (Approx.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typel CESAR UNARDN 4A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specifyl Burial 9/7/71	E INJURY OCCURRED Visite AI Not White At Work the deceased fram Atter (I) (We) (did) (did nat) vi	21F. HOW DID INJURY 21F. HOW DID INJURY 20	JRY OCCUR? 9 71 to SE It In (my) (aur) op Phys. A	PIEMBER 3 19 1/ Dinian death occurred an the date 23R DATE SIGNED SEPT 3 7 HOSPITAL City, lown, or caunty) (State)
DEATH (notify medical examiner) 21D.TIME (Monthi (Doy) (Year) (Hour) 21D.TIME (Monthi (Doy) (Year) (Hour) 22C. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL (Specify) BURIAL (Specify) 24B. DATE (24C.)	E INJURY OCCURRED While AI Nork The deceased from STEPTEM BER (I) (We) (did) (did not) vi DEGREE Phys. NAME of CEMETERY or CREIN NEW Cathedra	21F. HOW DID INJURY 21F. HOW DID INJURY 20	JRY OCCUR? 9 71 to SE If In (my) (aur) op Shoff A	PIEMBER 3 19 1/ collision death occurred an the date 238 DATE SIGNED SEPT 3, 7/ HOSPITAL City, town, or caunty) (State) Md.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. Time (Monthi (Doy) (Year) (Hour) 21 (APPROX.) 22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typel CEAR ULLARDN 24A. BURIAL CREMATION, REMOVAL (Specifyl Burial 9/7/71	E INJURY OCCURRED While AI Nork The deceased from STEPTEM BER (I) (We) (did) (did not) vi DEGREE Phys. NAME of CEMETERY or CREIN NEW Cathedra	21F. HOW DID INJURY 21F. HOW DID INJURY 20	JRY OCCUR? 9 71 to SE of In(my) (our) op Shoff A	PIEMBER 3 19 1/ SINIAM death occurred an the date 23R DATE SIGNED SEPT 3 7/ HOSPITAL City, town, or caunty) (State) Md .
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month! (Doy) (Year) (Hour) 21 (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and have and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typel CESAR UNARROW 4A. BURIAL CREMATION, 24B. DATE 24C.N. REMOVAL (Specifyl Burial 9/7/71	E INJURY OCCURRED Visite AI Not White At Work the deceased fram Atter (I) (We) (did) (did nat) vi	21F. HOW DID INJURY 21F. HOW DID INJURY 20	JRY OCCUR? 9 71 to SE of In(my) (our) op Shoff A	PIEMBER 3 19 7/ PIEMBER 3 19 7/ Pinian death occurred an the data 238. DATE SIGNED SEPT 3, 7/ HOSPITAL City, town, or caunty) (State) Md.



7:50 p.

NO 🗌

Hours

ADDRESS

as

years

If Under 24 Hrs. Hours i Min.

Above

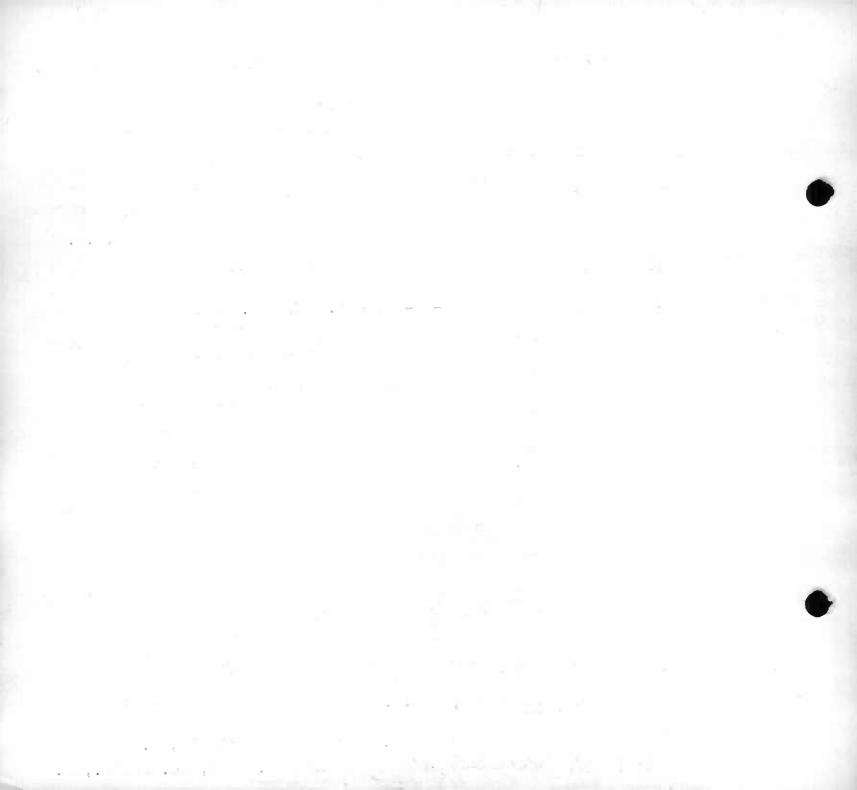
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

Yes

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

4-66	77		BALTIMORE C	TY HEALTH DEPARTMENT		mil 0000
BIRTH NO.	71	8363	CERTIFIC	ATE OF DEATH	REG. NO	/1 8363
1. NAME OF DI (Type or Print)	ARMST	RONG	RALPH		AND HOUR OF DEATH	
3. PLACE IN B	ALTIMORE, MARYLAND,			14 USUAL RESIDENCE (W	PT. 5,1971	A: 45 At , astitution: residence before admission
FULL NAME O			JTION, GIVE STREET	MARYLAND	BALTIMORE	
INSTITUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
42SIN	IAI HOSPIT	TAL BA	4CTIMORE	E. STREET AND NUMBER		YES NO
					FISTERSTOWN	1 ROAD
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		lo AGE (In yours	
M	N	WIDOWED		A	9. AGE (In years lost birthday)	Il Under 1 Yi. If Under 24 Hrs Manihs Days Hours Min.
IOA. USUAL OC	CUPATION (Give kind of wo	rk 108. KIND OF		RY 11. BIRTHPLACE (Stote or fo	Jeign country)	13 CHASE OF WHAT SOURCE
Mechai	nic				rieigii cadiiny?	U.S.A.
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN N	AME	
James	Baxter			Janie		
5. Was Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
nesting of RUKHOW	(If yes, give war or do	les of service)	SECURITY NO.	Glennis Arms	trong.4310	Reisterstown Rd.
18.11	241		CAUSE OF DEA		0, 720	APPROXIMATE INTERVAL
1 100	ASE OR CONDITION D	RECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		CANAL PRINTER C	USE PNEUMO	NIA	60 Gia
(This does	not mean the made of, asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE C.	S A CONSEQUENCE OF:	*******************	
injury ar ca	mplication which cause	death.)				
	ANTECEDENT CAUSE	S	CEK	EBRO - VASCUL	AR SHOUD	FUT LO CO
DISEASES	OR CONDITIONS, if	anv. aivina	(B) DUE TO, OR	EBRO -VASCUI	mile /feet in	CA) GO MG
rise lo)	he above couse (A)	stoling the				
ONDERLIN			(c)	***************************************	****************	************************
Z OTHER SIGNI	II	ALITOIDUITU LO			4	
TO THE DEA	IFICANT CONDITIONS CO	THE TERMINAL	CHR	DNIC BRAIN	JYNDRO	ME
I DISEASE OK	F OPERATION 198 CON	RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or	Vall 208 IE was awars a	
2	WAS PER	FORMED		Town MO (OFS) ((les of)	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING [UTING [] CAUSE OF y medicol exeminer)	21B, I home	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Baltimore	City, give exact location)
DEATH (notil						
S OF MAJORI	(Manih) (Day) (Year)		NJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)		Work	AI Wor	ile 🔲		
22. I certify	that 🏵 (this hospita	l) attended the	deceosed from	SEPT. 2	19 7/ to 1	EPT. 5 19 71
	last saw the decease			19 7/ ond		nion death occurred on the dat
				view the body after death	not in (may (out) opti	non death occurred on the date
23A. SIGNAT	URE A		() (0,0) (0,0)	view the body difer death	•	DOR DAYS SIGNED
	- Hadijance	9020		ending Med. Director	Shaff [7]	23B, DATE SIGNED
23C. PHYSICIA	ANS	7070	OEGREE Ph	23D. ADDRESS	Phys.	Joseph J. (TD)
NAME (Typo) A. C.	DIJAN	CO	SINA	1 HOSPI	771
4A. BURIAL CRE	MATION, 24B, DATE	DAC NA	OEGRE OEGRE	0 1		
REMOVAL	- 1 - 1 -		ME of CEMETERY OF C			y, lawn, or county) (Stota)
Burial	9/9/71		t. Auburn	В	altimore, Ma	ryland
5A. DATE REC'E	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
CEDN	4000 O A .	070		Kenneth La	w, 4611 Park	H eights Ave.
264 V	1/4/4 4	N ARA II. W	P.B. S.			

A) - 1105 BALTIMORE CITY	HEALTH DEPARTMENT	8364
BIRTH NO. 71 8364 CERTIFICA	TE OF DEATH REG. NO.	0304
(Type or Print) NELSON ALBERT	2 DATE AND HOUR OF DEATH OISE PTEMBER 197	4.100
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution	residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	Maryland C. CITY OR TOWN D. INSIDE CITY	284
SINAI HOSPITAL OF BALTIMORE INC	E. STREET AND NUMBER	ОМ
	4213 BELVIEU AVE, 2	1215
5. SEX 6. RACE NEGRO WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years and month)	der 1 Yr. If Under 24 Hrs.
done during most of working life, even if retired) Laborer	11. BIRTHPLACE (Stole or loreign country) Maryland 12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	M. AAOTUERIS AAAIDAN A	0,0,7,
Harry Nelson	14. MOTHER'S MAIDEN NAME Etta Callins	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No.	James E. Nelson , 4213 Bela	ADDRESS Vieu Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1This does not meon the mode of dying, e.g., heort failure, asthenio, etc. It means the disease, injury or complication which caused death.)	SE HYPERTENSIVE ENCEPHALOPATHY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 Hours
	0	
DISEASES OF CONDITIONS (8) HRC	ONIC RENAL DISEASE	NOT KNOWN
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELEVE IN PART 15 TRAIN ALL DISEASE OR CONDITION RELEVE IN PART 15 TRAIN ALL TRAI	ETES MELLITUS	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED NA	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 218. PLACE OF INJURY (e.g., in hame, form, foctory, street, affi	or obout 21 C. WHERE DID (If In Boltimore City, gl	ve exoct location)
OF INJURY (Month) (Doy) (Yeor (Hour) 21E INJURY OCCURRED N	A 21F. HOW DID INJURY OCCUR?	
(APPROX) NA While AI Not While At Wark	□ NA	
22. I certify that (i) (this hospital) attended the deceased from	O AUGUST 1971 10 OLSEPTE	ED BER 197/
that (IY (we) last saw the deceased alive on OI SEPTEMBER	1971 and that in (my) (our) opinion dec	th occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) vio	ew the body after death.	
23A. SIGNATURE	23 B. D.A.	TE SIGNED
Attenu Phys.	ding Med. Shaff Phys. 1	SEP 1971
NAME (Type) Dy . P. G. CHANDRAN	SINA, HOSPITAL OF BALTIH	TORE INC.
Burial CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREM Johnsville Co	AATORY 24D. LOCATION (City, town, emetery Johnsville, Maryla	or countyl (Stote)
25A. DATE RECO BY HEALTH DEPT 25B. NAME OF REGISTRAR	ZSC. FUNERAL DIRECTOR Kenneth H. Law , 4611 Park	Heights Ave.
VS 150-REV. 1/1/68		

T-/ /-

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IMPORTANT

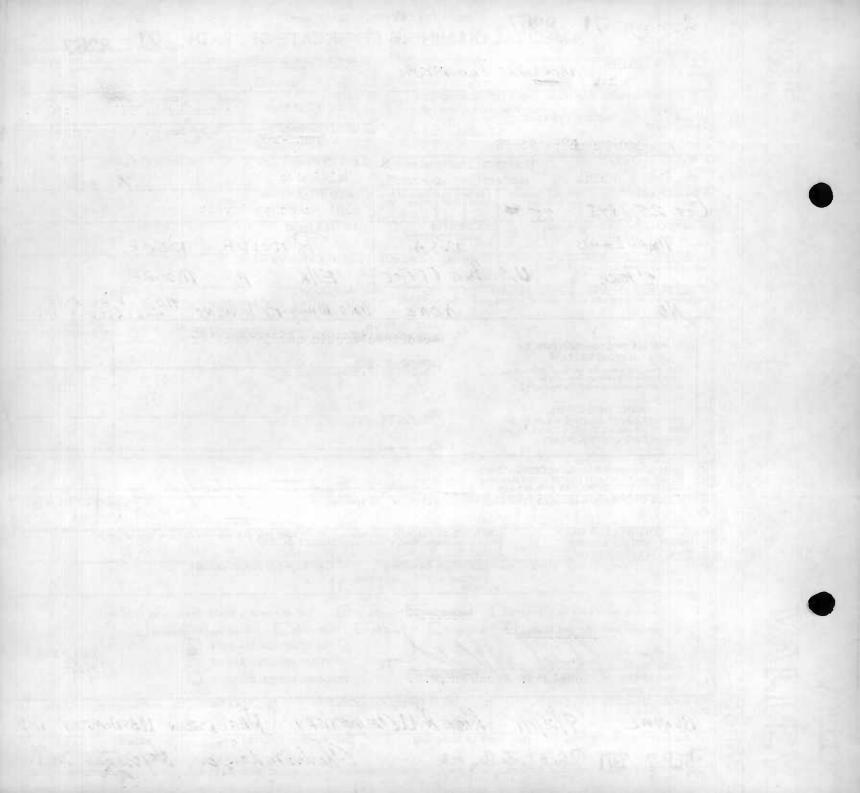
DIRECTOR:

FUNERAL

1710 W Fayette St.



/	B-200	71	MEDICAL	BALTIMORE L EXAMIN				F DEAT	гн '71	0.0	00~
BI	RTH NO.								REG. NO.	- 7	10/
	NAME OF DEC	Ruth	MARGARET	THN BEC	K.	2. DATE OF DEATH	Known Estimoted [Month	Day	Year	Hnur M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)		3. DATE	UNCED DEAD	Month Sept	ember 1,	Year 1971	9:50 A.				
OR	NOITUTITZNI					5. USUAL R			lived, If Institution	residence b	before admission)
_			chen Stree				Maryland	1			14-01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		C. CITY OF			D. INSIDE CI	TY LIMITS?					
	Female	White	WIDO1	WED DIVO	ORCED L		imore		YE	s 🛛	NO 🗆
(er. 25	1895	last birthday	Months Days Ha	urs Min.		McMecher	n Stree	t		
11.	BIRTHPLACE (S			12. CITIZEN OF WHAT COUNT	RY?	13. FATHER	S NAME		0		
1.44		YLAND		D.S.F.	3,	115 4:25	KUDO	LPH	BEC	K	
don	during most of y	opking life, eve	in if retired)	OF BUSINESS OR	-FICE	115. MOTHE	r's maiden n - // .	IAME	MOOR	_	
16	WAS DECEAS	ERK IN I	J.S. ARMED FORCE		1768	18. INFOR	I/A	[1]			
(Ye	no or unknown	(Il yes, give w	or or dates of service) SECURITY			han a	1	1103	FRI	Y AVE
	19.	0 1/		NON	E OF DEA	MRS A	THICH TO	JENKIN.	5 HAG	ERST	PROXIMATE INTERVAL
	7-11	4,7					c cardio	vascu1	ar diseas	0.0754/	EEN ONSET AND DEATH
		LEADING TO	TION DIRECTLY DEATH								
	(This does n heart lailure injury or can	ot mean the r , asthenia, etc. aplication which	nade of dying, e.g., it means the disease, a caused deoth.)		UE TO, OR	AS A CONSEC	UENCE OF:				
	1A	NTECEDENT C	AUSES	(n)							
Н			NS, IF ANY, GIVING	(B) DU	JE TO, OR	AS A CONSE	QUENCE OF:				
z	UNDERLYIN	IG CONDITIO	ON LAST.	(c)							
은			1	(6)4							
CERTIFICATION	DISEASE OR	CONDITION C	DITIONS CONTRIBU RELATED TO THE TERM GIVEN IN PART 1 (A)	IINAL							
ERT	20A. DATE OF	OPERATION	208. CONDITION	FOR WHICH OPER	ATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
										no	
EDICAL	22A. EXTERI UNDERLYING UTING ☐ CA		RIB-	228. PLACE OF INJ home, farm, lactory,	IURY (e.g., street, affic	in or obout 2 bldg., eic.)	2C. WHERE DIE WURY OCCUR	(If in Baltima	ore City, give exac	t location)	
Σ	22D. TIME OF INJURY (APPROX.)	Manth) (Da	y) (Year) (Hou	MHILE AT		WHILE	2F. HOW DID I	NJURY OCC	UR?		•
	23.			HI. WORK	AI W	OKK L					
		ify that I he		Inspection	X Au	apsy 🗌	ond that on	this basis,	death in my	noiniqu	
	result	ed fram: Na	tural causes	Accident	Sulcid	• Ho	micide 🗌	Undetermi	ned manner		
	ACTUAL		1.11	11/11	1		HIEF MEDICAL				DATE SIGNED
	SIGNATI		ngs 11	16mb	M.D	•	STANT MEDICA		X		
	EXAMINI NAME (T	ype) Ro	onald N. K	ornblum, M. I	υ.	ASSO	CIATE MEDICAL	LEXAMINER	П	9/1	./71
24 / RE	A. BURIAL CREA	AATION, 24	B. DATE	24C. NAME of C	EMETERY	or CREMATO	RY 240	LOCATION	City, town,	or county)	(State)
_	BURIA	_	9/2/71	KOSEHI	LLCI	EMETA	ERY	HAGER	STEWN W	ASHIN	GTON MP.
25/	A. DATE REC'D	BY HEALTH D	EPT. 258. N	AME OF REGISTRA	R	25C, F	UNERAL DIREC			DRESS	
Ve	SEP 7	1971	Robert E. Fa	Ber M.D.		4.4	estes m.	Kouze,	V Hay	sos ba	md.
+3	101-NEV. 1/1/00		1 7		0	4 3	6 1				



VS 150-REV. 1/1/68



		Ŋ
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
IMPORTANT	Also, if the direct or e of any kind; (4) Un ounced death was attendance on the d	
FUNERAL DIRECTOR: IMPORTANT	chief medical examiner of a medical examiner. It Body burns; (3) A fracture the physician who pronysician was in regular of the remains are embaln	
F	nust be approved by the leased to the hospital by cident of any nature; (2) hospital (except where o death); and (6) No phill must be obtained befor	
	This certificate not be body was reshows: (1) An act was D.O.A. at a deceased prior to written approvations.	2

11/	7-600 1914		HEALTH DEPARTMENT	ter all	
В	RTH NO. 11 8369	CERTIFICA	TE OF DEATH	REG. NO. 71	8369
1,	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	CE CARR.		3-71	1530 P M.
ď	TENCE IN TALINORS, MARILAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN	e deceased lived. If institution: TY	residence belore admission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MD.		1000
- -	ASILIUIION		C, CITY OR TOWN	D. INSIDE CITY	_
	MONTE BELLO STATE	= HOSP-	BALTIMOR E. STREET AND NUMBER	C YES	No
	91		2715 N.C	HARLES &	T
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED		9. AGE (in years If Und	ler 1 Yr. II Under 24 His.
	F W WIDO		9-10-09	61	Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B. KIN no during most of working life, even if retired)	D OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country) 12. CIT	TIZEN OF WHAT COUNTRY?
12	- A-DORATORY ASSILANTISEE	TIDE HEALTH	MD.		U.S. A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	KODERT PATRICK CAR.	R. SR,	NORA BO	URNS	
15 (Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dates of serv	/ 11 4 50 01 44	17. INFORMANT	, ,	ADDRESS
	No -	213-09-5693	MR. RAKESTP.	CARR JR, HA	114 APT.C-1
Г	18.184,014350	GAUSE OF DEATH	I COPENTITION OF THE PROPERTY	Citing Orci 147	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0		BETWEEN ONSET AND DEATH
ı	(This does not mean the mode of dving.	e.g. (A) IMMEDIATE CAU	SE CARCINOMA CONSEQUENCE OF: ME	OF VAGINA-	
	heart toilure, asthenia, etc. It means the dise injury or complication which caused death.)	rase,	CONSEQUENCE OF: ME	SITATEAT	
	ANTECEDENT CAUSES				<u> </u>
	DISEASES OR CONDITIONS, il any, gi	ving (B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stoting UNDERLYING CONDITION last.	(C)			
	П	(0/	***************************************		
NOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG DIARETE	S HELLITUS . C		
4	IDISEASE OR CONDITION GIVEN IN PART 1 (A).			KI. 1112 F	***************************************
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	CONSIDERED DEATH?
S	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., In	or about 21 C WHERE DAD	(If In Boltimore City, gi	
정	DEATH (notify medical examiner)	home, larm, loctory, street, off	ice bldg., INJURY OCCUR?	pr in bonniore City, gr	ve exact location)
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	BY OCCUM	
E	OF INJURY (APPROX.)	While At Not While		KI OCCOR!	
	22. 1 certify that (1) (this hospital) attend			57 0	7
	that (I) (we) last saw the deceased alive		***************************************	9 7/ to 9 -	19 77
	and haur and from the causes stated abov	011,00000000000000000000000000000000000	and the	t in (my) (our) opinion dec	ith occurred an the date
	23A-SIGNATURE	(-) (ue) (aid) (aid not) Al	ew the body offer death.	228 DA	TE SIGNED
	Elsa Ha C.	M. D. DEGREE Phys.	ding Med.	itaff A	/ / / / .
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	mys. Kar	13/7/
	CCUFUAS	· V.N	MONTEBELLO	STATE HOS	X
24	REMOVAL (Specily) 24B. DATE 246	C. NAME OF CEMETERY OF CREA	101010	1100	or county) (Stote)
	BURIAL 19-7-71/	VEW CAThEDR	PAL	1201	To MIN
25		ME OF REGISTRAR	250 FUNERAL DIRECTOR	7 10	ADDRESS
	SEP 7 1971 Jaber E. Ja	Bey M.D.	1 Salter	nolin 5444	BELAIR Rd
VS	150-REV- 1/1/68				The state of the s

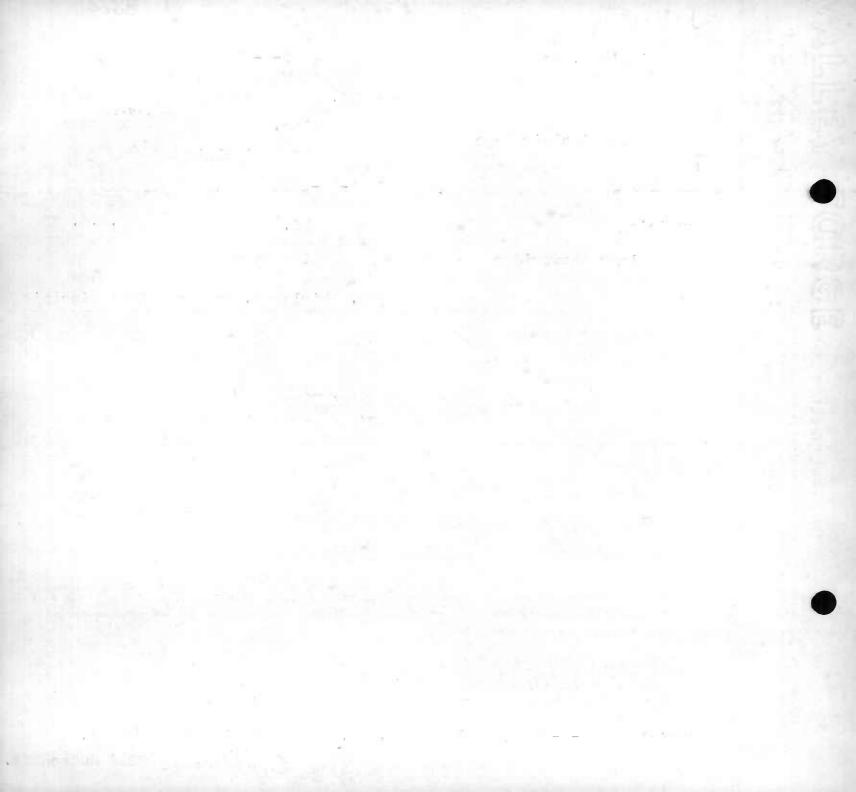


	ALTIMORE CITY HEALTH DEPARTMENT
C-363 71 8370	ERTIFICATE OF DEATH REG. NO. 71. 8370
1. NAME OF DECEASED (Type or Print) Catterton Char	les 2. DATE AND HOUR OF DEATH Les 6th-Sept - 1871
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD 14. USUAL RESIDENCE/Where deceased lived, If institution; residence before admission
FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION.	EVE STREET Haryland U.S.A 2+02
HOSMITAL OR ADDRESS OR LOCATION) INSTITUTION South Baltimone General	Hospital C. CITY OR TOWN D. INSIDE CITY LIMITS?
300/ S. Hanorier St.	E. STREET AND NUMBER
Baltimore Md, 2/23	430 E. Cross St.
5. SEX 6. RACE 7. MARRIED NEV WIDOWED	ER MARRIED 3. DATE OF BIRTH 9. AGE (In years lost birthday) DIVORCED 3-8-188
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY
Kefirel Stationary	Engineer Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Catterton	Victoria Bribson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give wor or dates of service] SEC	HALTY NO
	-14-4704-A Elizabeth Baltimone nd
18.4/2/4 I C	AUSE OF DEATH CEREBEOVAS cular OCC CIDOUT SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C. C. at cat
(This does not mean the mode of dying, e.g.,	DUE TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	
ANTECEDENT CAUSES	Athero 1 devotic Carelia Vascular discouse
DISEASES OR CONDITIONS, if any, giving	B) Atheronderatic Carelia vascular discuse DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	mild Carles Vagalor accidents
11	V/01/1/10000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH COMMANDED	DPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	or land of the bidge of the bid
OF INJURY AUS 7/ 187/ While As	
IAPPROXI AUS. 25- 1871 While At Work	Not While I by lunself
22. I certify that (i) (this hospital) attended the dece	
that (1) (we) last saw the deceased alive an 7 7/45	best 6 19 7/ ond that In (my) (our) opinion death occurred on the date
ond hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.
23A. SIGNATURE	23R, DATE SIGNED
Suck hee kee	DEGREE Phys. Attending Med. Shoff Sept. 6th - 157/
DUCK. Kee Lee	#300/S, Hanoner St. Balt, Md. 21230
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CREMOVAL (Specify)	DEGREE ZEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (State)
Burial 9/9/71 Asbury	Cemetery Prince Frederick Md.
SEP 7 1971 Cabe & Jaben M. D.	
VS 150-REV, 1/1/68	The grade all notine 130 (FORT AVE.



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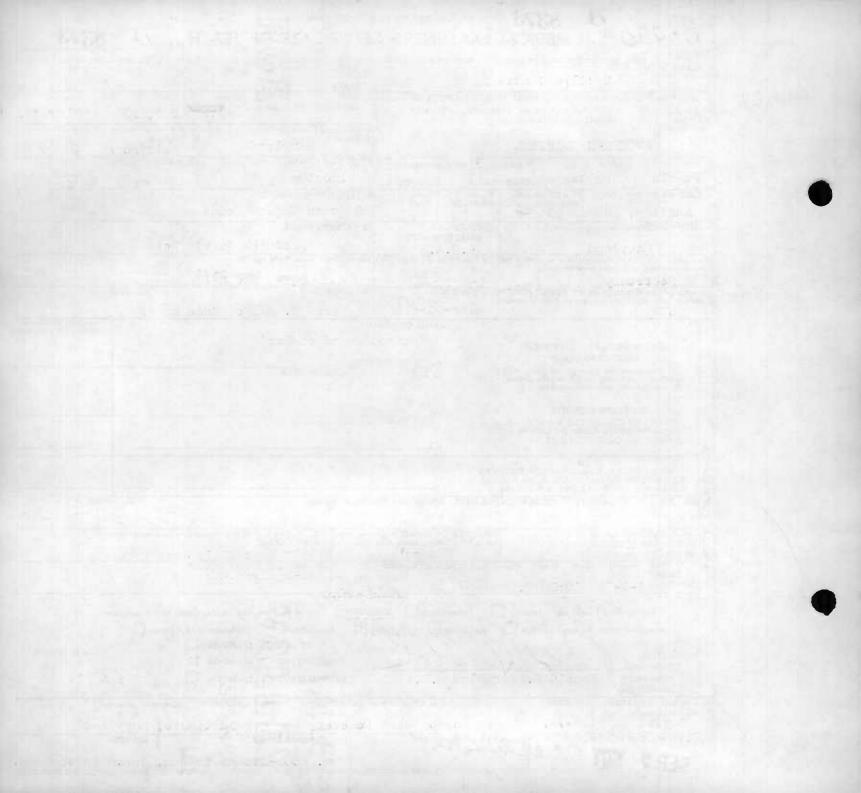
1	BALTIMORE CITY	HEALTH DEPARTMENT	/1	8372
J-525 71 8372	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED (Type or Print) Minnie J. Johnson		2. DATE AN	D HOUR OF DEATH	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		4. USUAL RESIDENCE (Where A. STATE B. COUN		stitution; residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION) INSTITUTION	HON, GIVE STREET	c. city or town Balto	D. INSI	DE CITY LIMITS?
00 2001 Sinclair Lane		E. STREET AND NUMBER	inclair 🟑	
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	TIVE VER WARRIED	2-17-1901	9. AGE (fn years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired) Beautician	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Elmer Shewbridge		4. MOTHER'S MAIDEN NAM Ann Dev		
1S. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	r. Shirley I.	Johnson	ADDRESS 2001 Sinclair
heorf foilure, osthenio, etc. II meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERLYING CONDITION lost.	(8) Nerco DUE VO, OR AS A Malnulus (C)	Lead Tris	strag	6 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 1218.	, form, factory, street, off	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?		City, give exact location)
OF INJURY OF INJURY	INJURY OCCURRED e At Not White At Work	21F. HOW DID INJ		
22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an	e deceased fram		19 ************************************	nian death accurred an the date
and haur and from the causes stated abave. (1) 23A. SIGNATURE Clevel Muld 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S	The Q DEGREE After Phys.	ding Med. Director	Staff Phys.	23 B. DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CREAT	MATORY 24D. LO	OCATION (Cit	ly, town, or county) (State)
Burial 9-7-71 Mor		Pk Ba.	1/1/	Md. Address 3218 Hudson St
SEP 7 977 Cabe E. Jake VS 150-REV. 1/1/68	2 1 0 1 0	XIII mall f	finem	, Jazo madon bu



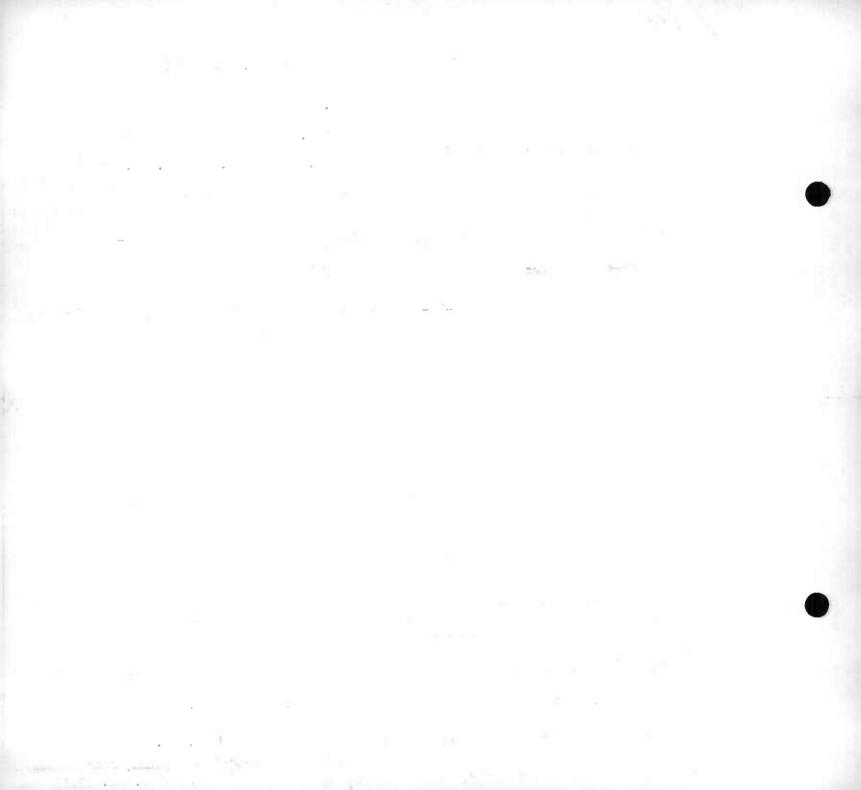
SEP 7 VS 151-REV. 1/1/68

0 00 71 8373	BALTIMORE CITY HE	ALTH DEPARTMENT	X 1014
P-200 MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	REG. NO. 1 8373
BIRTH NO.			
I. NAME OF DECEASED		2. DATE Known Month	Doy Year Hour
(Type or Print) Cec £l a Buske		OF DEATH Estimoted	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	3. DATE Month	Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL ADDRESS OR LOCATION)	TUTION, GIVE STREET		er 3,1971 11:00 P,
LUTHERAN HOSPITAL		5. USUAL RESIDENCE (Where deceosed lived. A. STATE Maryland B. (The institution: residence before admission) COUNTY Baltimore
6. SEX 7. RACE 8. MAPP	ED NEVER MARRIED	C. CITY OR TOWN D.	INSIDE CITY LIMITS?
Female White WIDOW		Timonium	YES NO W
O DATE OF BIDTH 10 AGE (In years	if Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER	123 23 140 (2)
lost birthday)	Months Days Hours Min.	20 Green Meadow Drive	
April 8, 1908 63			
11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Maryland	II.S.A.	Fredrick Jarvis	Hess
4A.USUAL OCCUPATION (Give kind of work I 4B. KIND fone during most of working lile, even if relired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
		- 11 0:11	
Sectetary NAME OF CRASED FOR IN U.S. ARMED FORCES	? II7. SOCIAL	Rose Mac Gill	ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.		" F
No	216-05-8361		as #5
19. F 9551X	CAUSE OF DEA		SETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	Gunsho	t wound of head	
LEADING TO DEATH	(A)IMMEDIATE C	CAUSE	
(This does not mean the made of dying, e.g., heart lollure, asthenia, etc. it means the disease,		AS A CONSEQUENCE OF:	
injury or complication which coused death.)			
ANTECEDENT CAUSES	(B) DUE TO OR	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	002 10, 0K	AS A CONSEQUENCE ON	
Z UNDERLYING CONDITION LAST.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING		
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		
20A. DATE OF OPERATION 208. CONDITION	FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 29			yes (Head-On)
₹ 22A. EXTERNAL CAUSE WAS	22R PLACE OF INITIDA	In or chaut 22C WHERE DID /II in Raltimore C	7
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour	home, farm, foctory, street, offic	in or obout 22C. WHERE DID (II in Baltimore C e bidg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.	House	4912 West Hills	
22D. TIME (Month) (Doy) (Year) (House		22F. HOW DID INJURY OCCUR?	
(APPROX.) 9-3-71 10:30 P.	m. WHILE AT WORK AT W	WHILE Self-inflicted	
23.		d-On <u>ly</u>)	
I certify that I held on Inquiry		tapsy 🛛 and that on this basis, de	ath in my opinion
resulted from: Natural causes	Inspection Au		
			manner 🔲
	Accident Suicis	le 🛛 Hamicide 🗌 Undetermined	
ACTUAL X		Hamicide Undetermined CHIEF MEDICAL EXAMINER	manner D DATE SIGNED
ACTUAL SIGNATURE MESSIGNATURE	Accident Syleto	Hamicide Undetermined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S RONald N. Kor	Accident Syleto	Hamicide Undetermined CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kor	Accident Syleic	Hamicide Undetermined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 9/4/71
ACTUAL SIGNATURE EXAMINER'S RONALD N. KOS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)	Accident Syleit Syleit Accident Syleit	Hamicide Undetermined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D, LOCATION	DATE SIGNED 9/4/71 (City, town, or county) (State)
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kor NAME (Type) 24A, BURIAL CREMATION, 248, DATE	Accident Syleic	Hamicide Undetermined CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D, LOCATION	DATE SIGNED 9/4/71

Wm. Cook-Brooks Towson, Inc. Towson, Md.



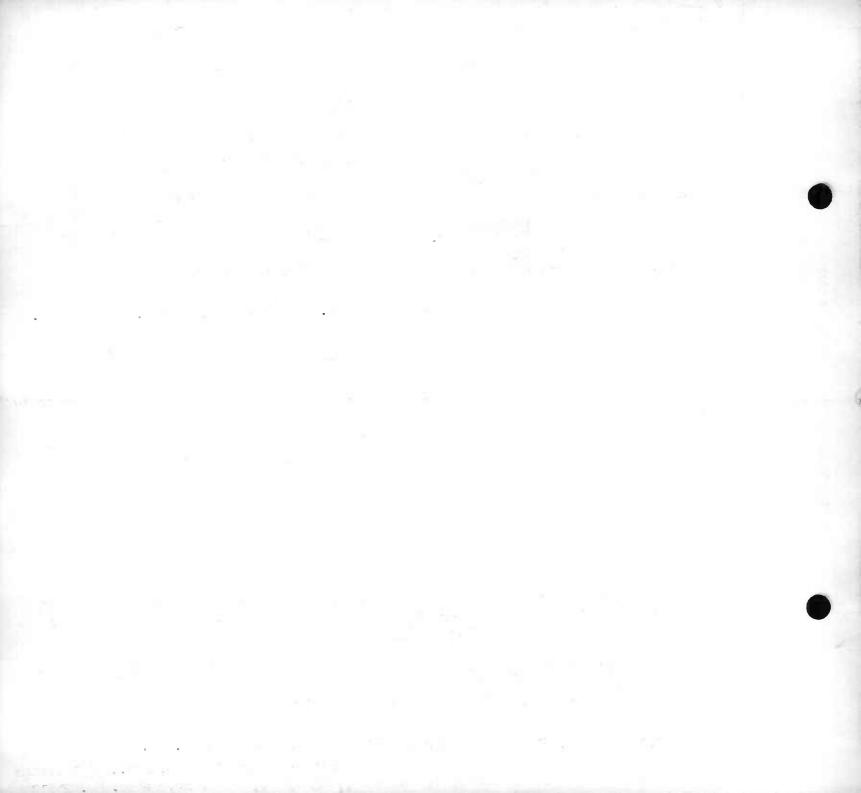
VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL



24D. LOCATION

LOUDON PARK CEMETERY FREDERICK RD BALTO.

25C. FUNERAL DIRECTOR

(City, town, or county)

MITCHELL WIEDEFELD HOME 6500 YORK

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specily)
BURIAL

VS 151-REV. 1/1/68

24B. DATE

25B, NAME OF REGISTRAR

E. Jaben M. M.

HOLLEY 6. JAKSON STRISTING CATHERING . DAVISON CREEK HAD Suntas Clot? Loudon Lars Greener Experies in Land.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

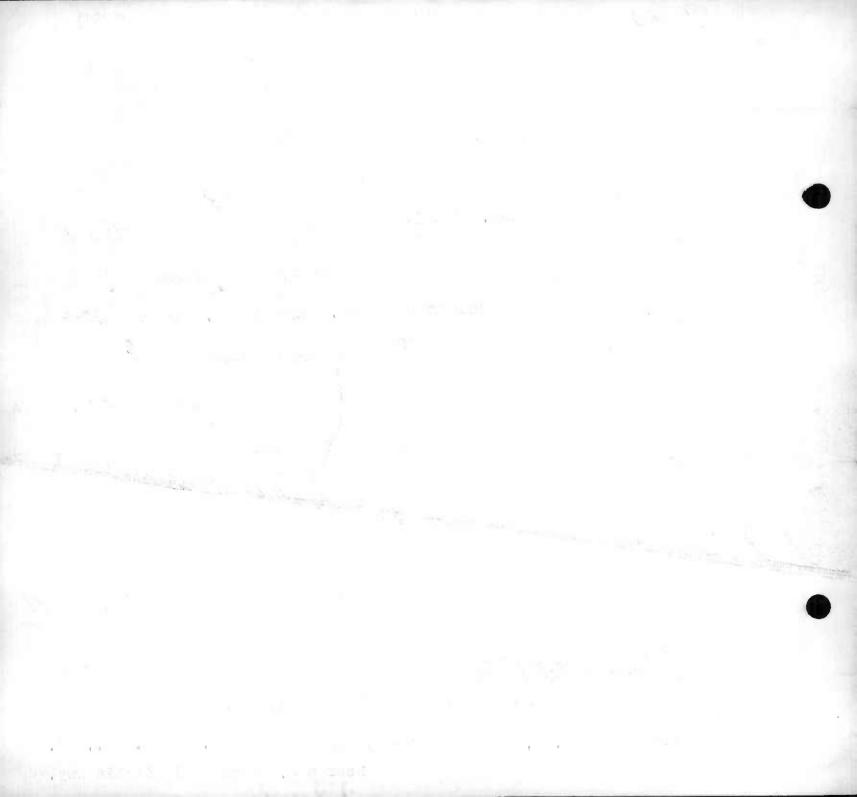
4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) D. INSIDE CITY HMITS? YES 🔀 NO If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 310 Dunkirk Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If In Boltimore City, give exoct location) and that in (my) (or) opinion death accurred an the date 238. DATE SIGNED (City, town, or county)



HELD, ERIC IN exception Howalled . I healthan Tennetale Co. TEST TO STOP PRINTING THE Carte Contract Contra Softenant Company and and the contract of

IMPORTANT

DIRECTOR:



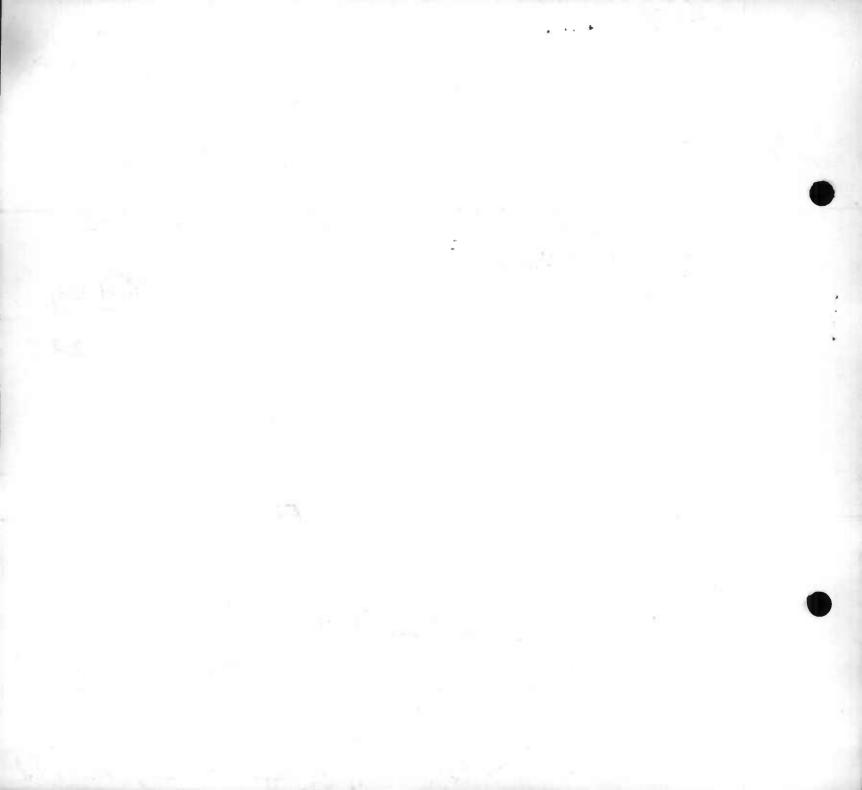
(Stote)

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/68



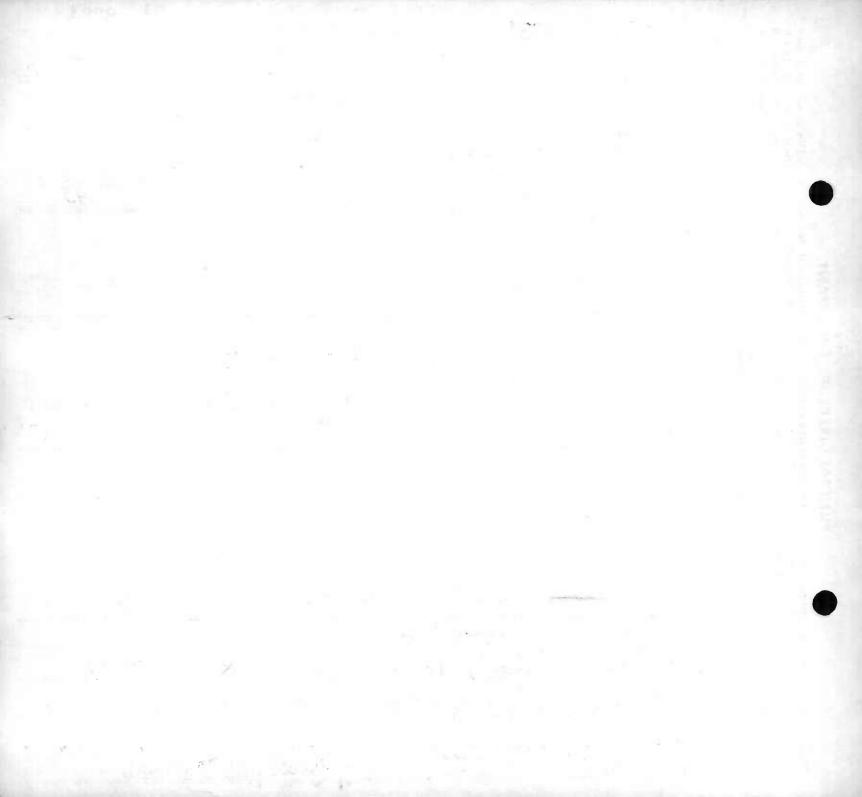
	1 -	Arts	000	0		BALTIMORE CITY HE	ALTH DEPA	RTMENT				
1	-25	0/1	MEE	MCA	L E	XAMINER'S	CERTIFI	CATE	OF DEA	TH 71		8382
-	RTH NO.									REG. NO.		
	NAME OF DI		OSEPH	JACK	SON	Sr.	2. DATE OF DEATH	Known Estimated		Doy	Yes	
4.	PLACE IN BA	ALTIMORE, M	ARYLAND, Y	VHERE F	RONG	OUNCED DEAD	3. DATE		Month	Doy	· Ye	ar Hour
HC	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPIT.	AL OR IN:	STITUTI	ON, GIVE STREET		UNCED DEA	sep	tember 3,		
16	N. A.	410 Hol:	lins St	reet			A. STATE	Mary 1		B. COUNTY	n: reside:	nce belore odmission)
6.	SEX	7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMI	TS?
1	íale	Whit	te	WIDO	-	_	Balti	more		V	ES 🔽	No 🗆
9. [Oct 15	1H 2,1924	10. AGE (I	yeors	H U	nder 1 Yr. il Under 24 Hrs. ths Days Haurs Min.		Holling	ER Street			110 00
11.		(State or forei		105	12. 0	ITIZEN OF	13. FATHER		Derece			
	Maryla		,			WHAT COUNTRY?						
			ve kind of work	I4B. KIN	D OF	US A BUSINESS OR INDUSTR	Josep	h V. J	ackson			
don	during mast of	warking life, ex	ven if relired)									
14	Lather was pecea	SED EVER IN	II S ADMER	FORCE	Bui	lding	Ann	ie E.	Carter		7.77	
(Ye	, no or unknaw	n){(if yes, give	wor or dotes	of service	9)	SECURITY NO.				605 Edm		
_	19. // /	4 44				577-26-1806		E. Ja	ckson	dmonsto	n,	
	412	2.41				CAUSE OF DEA						APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DISEA	SE OR COND		CTLY		Arterio	sclerot	ic car	diovascu	lar disea	ase	
	(This does	LEADING TO				(A)IMMEDIATE						
	heart follur	not meon the re, asthenia, etc amplication whi	. It means the	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
	infort of co	impirconon win	ch coused de	ıın.)								
		ANTECEDENT				(B)						
	DISEASES RISE TO TH	OR CONDITI	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONSEC	QUENCE OF				
z	UNDERLY	ING CONDIT	ION LAST.			(c)						
은			II									•
CERTIFICATION	TO THE DE	NIFICANT COL	RELATED TO	THE TERA	IAMI							
ZI.	20A. DATE C	R CONDITION	GIVEN IN PA	INTION	FOR	WHICH OPERATION W	C 050500					
E	A DAIL C	// OI EKATIOI	200. CO	ADIIION	FOR	WHICH OPERATION W	45 PERFORM	ED			21. AU	UTOPSY? (Yes or No)
Y	22A. FXTE	DAIAL CALICE	14/AC		loon n						n	_
EDIC	UNDERLYIN	RNAL CAUSE G OR CON AUSE OF DEA	TRIB-		home	LACE OF INJURY (e.g., form, loctory, street, affic	in ar about 2 bldg., etc.) If	UURY OCC	DID (If in Balilin UR?	iore City, give exc	ct locatio	on)
	OF INJURY		Doy) (Year) (Hou	r) 22	E.INJURY OCCURRED	2:	2F. HOW DI	D INJURY OC	CUR?		
	(APPROX.)				m. W	HILE AT NOT	WHILE ORK				22.11	
		rtify that I h	eld on l	nquiry [Inspection 🗵 Au	topsy 🔲	and that	on this basis	, death in my	eninio	1
		Ited from: N						micide 🔲		lned manner		
			D	-7/		7			CAL EXAMINER			
	ACTUAL		7/1	, 1/1	1	MILL.			CAL EXAMINER			DATE SIGNED
Н	SIGNAT		Peter	intro	2210	M D	•			-		0/2/71
	NAME ((Type)	recer (rpkc	VIC	, M. D.	ASSO	CIATE MEDIC	CAL EXAMINER			9/3/71
24/ RFI	BURIAL CRE	MATION, 2	48. DATE		240	C. NAME of CEMETERY	or CREMATO	RY	24D. LOCATIO	N (City, town,	or cou	nty) (Stote)
	Burial		Sept 8	.197	1 M	t. Olivet C.	emeterv	,	Washi	ington, I		
		BY HEALTH				OF REGISTRAR		UNERAL DIR			DRESS	
	SEP				-	Ben M. D.				Hyatts		
15	51-REV. 1/1/6	8		10	7	1 11	2 4	1 7	0			
			, A	198	1	the state of the	1 61 -	0 1	d			

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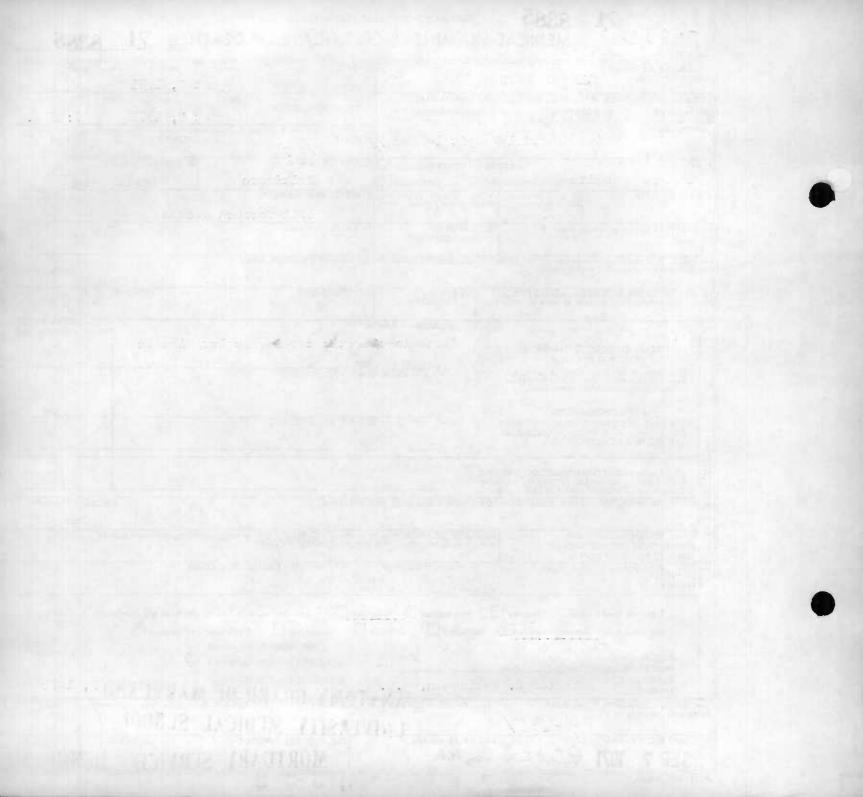
1.2	n - n - D - A	EASED /		IZ. DATE	AND HOUR OF DEATH			
	po or Print)		by Holland		8/5/71	1 6:		
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. CO	Where deceased lived. If	institution; residence befo		
FU	ILL NAME OF	OF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland		t 5-4		
IN	STITUTION	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?		
	33			Dunkirk		YES NO		
2	The Joh	ns Hopkins	Hospital	E. STREET AND NUMBER				
	SEX	6. RACE	-	Dunkirk,	Maryland	20754		
			7. MARRIED NEVER MARRIED	21 0/1/71	9. AGE (In years lost birthdoy)	Months Days Hou		
	Male	Negro	WIDOWED DIVORCED DIVORCED DIVORCED			1		
dor	re during most of	working life, even if retired)	I STATE OF BOSINESS OR INDUST	Maryland	loteign country)	12. CITIZEN OF WHA		
				Calvert Co	untv			
13.	FATHER'S NA	ME		14. MOTHER'S MAIDEN	MAME "			
	James	Coates		Florence	Dorothy He	olland		
15. (Ye	Was Deceased	Ever in U. S. Armed For	s of service) SECURITY NO.	17. INFORMANT		ADDRESS		
		7 2 01 010	JEGORIII NO,					
	18. 7 17	7 9	CAUSE OF DEA	ATH		APPROXIMA		
	DISEAS	E OR CONDITION DI	RECTLY	\bigcap Λ		BETWEEN ONS		
		LEADING TO DEATH	AND MADE OF	Alice (portinge	coins for	arrest 3		
	(This does n	ot mean the mode of asthenia, etc. It means	dying, e.g., DUETO OP A	AS A CONSEQUENCE OF:	1	272/		
		plication which caused		1				
	injury or con			maker: to				
	DISEASES C	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if	death.) any, giving (B) DUE TO, OR	mater, ty		*****************************		
	DISEASES Coise to the	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A)	any, giving stating the	AS A CONSEQUENCE OF:	***************************************			
	DISEASES Coise to the	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if	death.) any, giving (B) DUE TO, OR	materity AS A CONSEQUENCE OF:				
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ATION	DISEASES Of the UN DERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if or above couse (A) CONDITION lost. II ICANT CONDITIONS COINT NOT RELATED TO THE ONLY ONLY ON THE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	death.) any, giving put to, or a staling the (c)	AS A CONSEQUENCE OF:				
IFICATION	DISEASES Of the UN DERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR C	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above couse (A) CONDITION lost. II ICANT CONDITIONS COI H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 1178. CON	death.) any, giving staling the (C)	20A. AUTOFSY? (Yes or	No. 208, IF YES, WERE	E FINDINGS CONSIDERE		
ERTIFIC	DISEASES Conse to the UN DERLYIN COTHER SIGNIF TO THE DEAT DISEASE OR C 179. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if or above couse (A) or CONDITION lost. Il ICANT CONDITIONS COINTION STATE OF CONDITION STATE ON CONDITION STATE OF CONDITION GIVEN IN PART OPERATION 178. CON WAS PERI	death.) any, giving stating the (c). NTRIBUTING HE TERMINAL TO (A). DITION FOR WHICH OPERATION OPERATION	20A. AUTOPSY? (Yes or NO		FINDINGS CONSIDERES		
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (i) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

6 120	BALTIMORE CIT	Y HEALTH DEPARTMENT	J	71 0201
BIRTH NO. 71-32040 8384	CERTIFICA	ATE OF DEATH	REG. NO	/1 0.304
Type or Print BROIDY Baby	Girl	2. DATE AN	D HOUR OF DEATH	1115 8.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il in	nstitution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITU	UTION, GIVE STREET	Maryland	**	675
HOSPITAL OR ADDRESS OR LOCATION)		C, CITY OR TOWN	D. INS	IDE CITY LIMITS?
33		Baltimore		YES NO
The Johns Hopkins Hospi	ital	E. STREET AND NUMBER		
		209 N. Beth	al Court	
Female Negro WIDOWED		9/3/11	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY
Newhorn		Balting	nst.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE /VICE!	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
trossing of survivality in Aes' dias, at acidical	SECURITY NO.			
18. 77/2 21	CAUSE OF DEAT	<u> </u>		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA	USE Cardio Respire	true Acco	+
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	doly 111e	2
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) Kespi	ratory Distress	Syndra	e 30 hrs
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1.50	
rise to the above cause (A) sloting the UNDERLYING CONDITION last,	10 Frem	aturily		43/15
11	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1/			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		rcensia	**********	*******************************
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121B.	HICH OPERATION	20A. AUTOPSY? (Yes er No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INTURY (a.e.	Yes		
	, form, foctory, street, o	ffice bldg. INJURY OCCUE?	(II In Boltimor	e City, give exoct location)
OF INJURY (Month) IDoy) IYeer Hour 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While West	Not While	• 🗆		
22. I certify that (I) (eliminating) attended th			nai Deas	4 9/4 1071
that (1) (last saw the deceased alive an	9/4	440	71 to Deag	
and hour and fram the causes stated above. (1)		- and and an annual and a second	In (my)	nien death eccurred on the date
23A. SIGNATURE	Galdaret (on year)	lew the bady after death.		
Jewold C Woodhead		nding Med. S	toff 🔽	238, DATE SIGNED
23C.PHYSICIAN'S	DEGREE Phys	s, U Director U P	hys.	1/4/7/
NAME (Type)	W.D	T 1 11 1-	11 -	11 - 41 /
24A. BURIAL CREMATION, 124B. DATE 124C. NA	HEAD DEGREE	Johns Hopkir	13 HOSPI F	satimore Mde
24C. NA REMOVAL (Specify)	ME of CEMETERY of CRE	MATORY 124D. LO	CATION / (Cit	y, town, or county) (State)
Cremation 9/5/71 Jo	hns Hopkins	Hospital 601	N Broadw	ay, Balto, Md.
25B. NAME OF	F REGISTRAR	25C. FUNERAL DIRECTOR	D a m	ADDRESS
SEP 7 TIT Vale E. Jabe	e MD O	ol 4 HUOPI	AL DISP	SAL
VS 150-REV. 1/1/68				



ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER STAND ASSISTANT MEDICAL EXAMINER ASSOCIATE ASS



	A-65	771	838	6		BALTIMORE CITY HE					-74	
PILE	TH NO.	1	WED	CA	L EX	AMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.	11	8386
1.	NAME OF DE	CEASED	JAMES A				2. DATE OF DEATH	Known 🛭	Month Augus	Day	Year 971	Hour M.
FUI	L NAME OF	(IF N		AL OR INS		UNCED DEAD IN, GIVE STREET (DOA)		OUNCED DEAD	-	E 15, 1		5:20 P.M.
	NOITUTITZNI		n Balti	more	Gen	eral Hospita		Maryland		B. COUNTY	n: residence	belare odmission)
	ale	7. RACE	gro	8. MAR	_	NEVER MARRIED DIVORCED	C. CITY C	Baltimore	3	D. INSIDE C	-	NO 🗆
9. [ATE OF BIRT	Ĥ	10.AGE (i lost birthda 56		# Und Month	for 1 Yr. If Under 24 Hrs. a Days Hours Min.	E. STREET	AND NUMBER 533 S. SI	narp St			
11.	BIRTHPLACE (State or fore	ign country)			TIZEN OF HAT COUNTRY?	13. FATHE	R'S NAME				
14A done	USUAL OCCU	PATION (G	ive kind of work even if retired)	148. KINI	OF BI	USINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	ME	-		
16. (Yes	WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCE of service	5?	17. SOCIAL SECURITY NO.	18. INFO	RMANT		A	DDRESS	
	19. 1/1	11/				CAUSE OF DEA	TH					PPROXIMATE INTERVAL VEEN ONSET AND DEATH
CERTIFICATION	DISEASES OF THE UNDERLYIN	IJFICANT CO ATH BUT NO CONDITION OF CONDITION OF CONDITIO	TIONS, IF ANY AUSE (A) STA TION LAST. II ONDITIONS CO OT RELATED TO N GIVEN IN P	disease, oth.) , GIVING THE ONTRIBU THE TERMART 1 (A)	TING	(B)	AS A CONSE	QUENCE OF:				
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	OF INJURY (APPROX.)				m. WH		WHÎLE					
	ACTUAL SIGNATI EXAMIN NAME (1	URE CONTROL OF CONTROL	Natural cau	8 J.	Acc	Inspection X Au cident Suicide Managate, M.D. NAME of CEMETERY	. ASS	CHIEF MEDICAL SISTANT MEDICAL SOCIATE MEDICAL	Undetermin EXAMINER EXAMINER	med manner	gust 1	DATE SIGNED
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3	EP 7	1971	Robert E		Ben,	REGISTRAR	25C.	FUNERAL DIRECT	OR RY SE	RVICE	B(CMD
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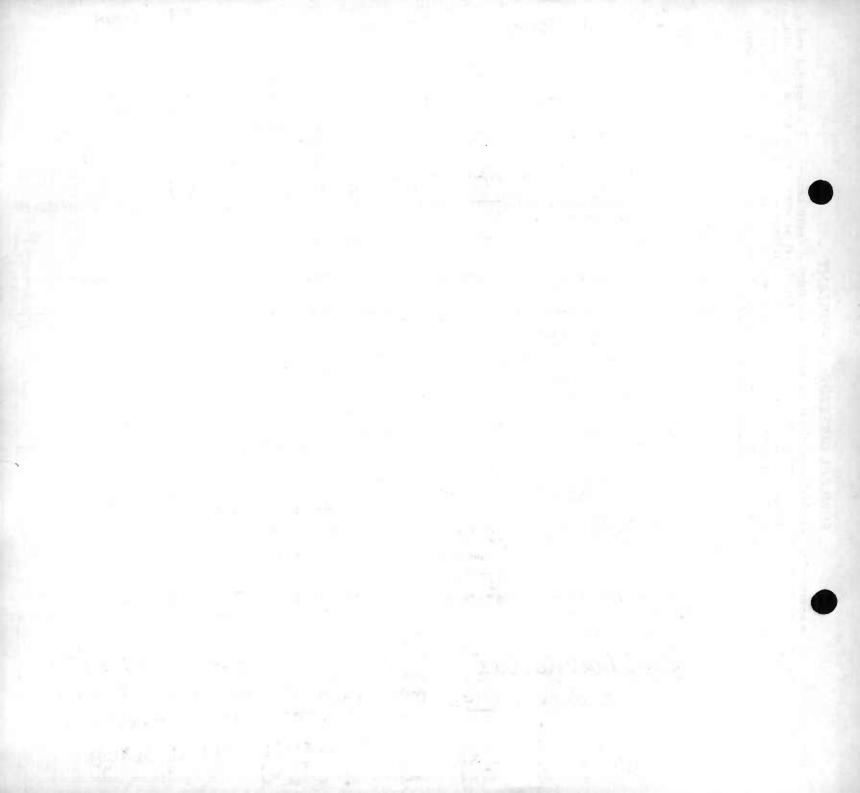
BIR	M-460 71 8387		TE OF DEATH	REG. NO	1 8387
	Pe or Print) KO PORT RA	THOUD I	1 DLEP ANI	HOUR OF DIAM	10 P.
3.	PLACE IN BALT MORE, MARYLAND, WHERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deseased lived, if inst	itution: residence before admission)
FU HC IN	LL NAME OF SPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TUTION, GIVE STREET	C. CITY OR TOWN	D, INSID	E CITY LIMITS?
-	WILL ERSITY	4057	E. STREET AND NUMBER	soon ar	YES NO ACCE
	M WIDOWED		7/22/15	5.6	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME Win. C. MILLE	r R	14. MOTHER'S MAIDEN NAM	E	
15. (Ye	Was Doceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT VMV HO	SP INF	ADDRESS O SHEET
AL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal meon the mode of dying, e.g., heart foiluse, asthenia, etc., It means the disease injusy or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave cause IA) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING AUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(B) DUE TO, OR AS (C)	Machanna	208. IF YES, WERE FIN CERTIFYING CAUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONSIDERED SES OF DEATH? City, give exoct locotion)
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	and haur and from the causes stated abave. (23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	DEGREE Phys		inoff hys.	23B, DATE AGNED 25 71
247	BURIAL CREMATION, 24B, DATE 24C.N REMOVAL (Specify) 9-2.7/	AME & CEMETERY OF CRE	MIVERSITY" M	TEDICAL"S	CROCLY) (State)
S	EP 7 1971 Cobert E. Jackey	A BEGISTRAR	25C. FUNERAL DIFECTOR	SERVICE	- BChibes



FUNERAL DIRECTOR: IMPORTANT

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0 0 0		ype or Print) William	R	enner	
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stant ne dir ind; (leath on	15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of se	ervice)	1 6. SOCIAL SECURITY NO.	17. INF
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		DISEASE OR CONDITION DIRECTLY	Y		
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y was r y was r 1) An a 1.A. at d prior approv		JOHN C. KUCKDE	ESCH	HEL MID	10
- SO 3 5	244	REMOVAL (Specily)	24C. NA/	ME of CEMETERY or CRE	MAG
his certificate must be body was released hows: (1) An accident ras D.O.A. at a hospieceased prior to dearritten approval must		14-2-11			T 73.5
This certhe bocs was D. deceas	254	DATE REC'D BY HEALTH DEPT. 1258-M	ANE OF	REGISTRAR	550
それ きゅう		SEL & BU nogen & de	- Colon	700	1
	VS	150-REV. 1/1/68	- (-		7

7	R-560 71 8388		TE OF DEATH	No.1 8388	
1. N	TH NO. IAME OF DECEASED William	Renner	2. DATE AND HOUR OF 355 AM	DEATH 8/12/71	_
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) 3 JOHNS Hopkus H	NSTITUTION, GIVE STREET	A. STATE & COUNTY MARYLAND B C. CITY OR TOWN ROSED ACE E. STREET AND NUMBER	Ved. If institution: residence before admission ONLTIMONE O. INSIDE CITY LIMITS? YES NO R C+. R+7	(2)
5. \$	\AA	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In yellast birthdoy)	Months Days Hours Min.	s.
dop	USUAL OCCUPATION (Give kind of work 10E, KIN o during most of working lile, even if retired) TWICK ANDER FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR	£¥:
	TANKS OF TANKS		14 MOTHER'S MAIDEN NAME		
15. \ (Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
MOIN	rise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM!	ving (B) ASCU DUE TO, OR AS (C) CO. P.	CONSEQUENCE OF:	embeles 45 minute	. 1
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 CONDITION 1 WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?	9
	21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH Inolify medical examines	218 PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)		Baltimore City, give exact (acation)	
MEDICAL	21D-TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E INJURY OCCURRED While A! Not While A! Work	21F. HOW DID INJURY OCCUR?		
	22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and from the causes stated above 23A SIGNATURE JULY AUGUSTA 132 (1) AUGUSTA	on 3/2 e.(1) (Ne) (did) (did not) vi (U) Mbedere Phys. SCHEL MD DEGREE	ew the body after death. ding Med. Shoff Phys. D 3D. ADDRESS 1207 Bolton S	23B, DATE SIGNED 23B, DATE SIGNED 8/12/7/ 1. Balturiore	
24A	REMOVAL (Specily) 9-2-7/	C. NAME OF CEMETERY OF CREA	MANA I OM POBOARD	OPCIMIARY LINE (State)	
	SEP 7 1971 Robert & Jan	Sen ALD	MORYBARY SERI	VICE ROOM	
V5	150-REV. 1/1/68		The state of the s	TOOL HOTEL	=



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IMPORTANT

DIRECTOR:

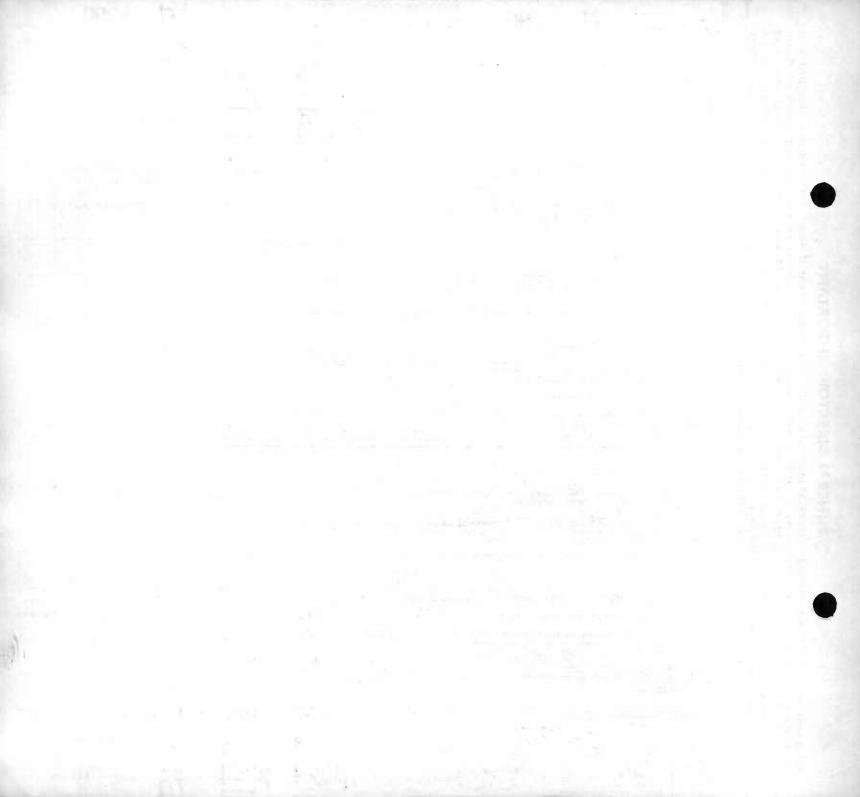
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VS 150-REV. 1/1/68

Adm 9/29/69 212 W Monument 21201

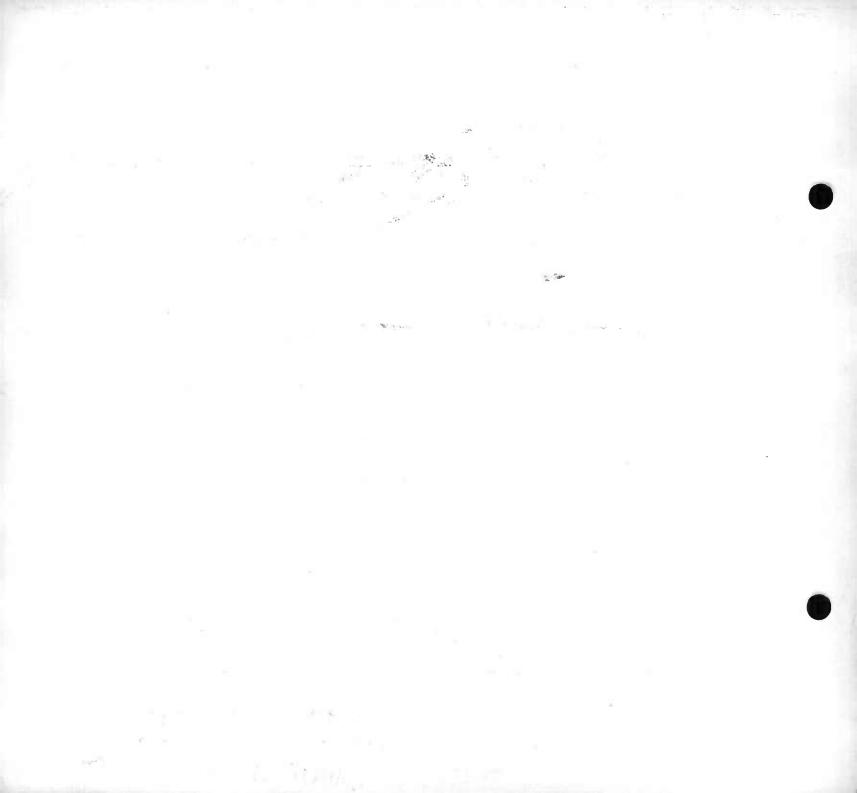
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

1/ 1914 00	BALTIMORE CITY	HEALTH DEPARTMENT	F	74 0000
H-155 11 83	90 CERTIFICA	TE OF DEATH	REG. NO	T ARRU
BIRTH NO.	CERTIFICA		AND HOUR OF DEAT	
Type or Print John Huff	man	1/2	PM 8/20/	7/ 1
	RE PRONOUNCED DEAD	4. USUAL RESIDENCE I	Where deceased lived, If	institution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OF ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	Md.		1/01
INSTITUTION		C.CITY OR TOWN Baltimore	D. IN	ISIDE CITY LIMITS?
_Mercy Hospital		E. STREET AND NUMBE	R	YES A NO
37		205 E. Prest		
	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.
M W w	NDOWED DIVORCED	11-7-89	91	
IOA, USUAL OCCUPATION (Give kind of work 108 done during most of working life, even if refired)	L KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Jphn M. Huffman		Emily	Summers	
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of		17. INFORMANT		ADDRESS
18. 552X	CAUSE OF DEAT	lH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT	TLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SE Cardioresp	iratory Arre	st
this does not mean the mode of dy heart failure, asthenia, etc. It means the	INC. C.C. DUE TO OR AS	A CONSEQUENCE OF:		100000000000000000000000000000000000000
injury or complication which caused dec	ath.)			
ANTECEDENT CAUSES	Gran	n Negative Sep	sis	2-3 days
DISEASES OR CONDITIONS, if any	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:		- 1
underlying condition last.	oling the Strange	ulated Inguina	l Hernia	3 days
	(0)			
TOTHER SIGNIFICANT CONDITIONS CONTR	BUTING			
TO THE DEATH BUT NOT RELATED TO THE T	ERMINAL			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE IT DISEASE OR CONDITION GIVEN IN PART 1 19A-DATE OF OPERATION 19B-CONDITION WAS PERFORE 21A, ACCIDENT WAS UNDERLYING	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208 IF YES WER	E FINDINGS CONSIDERED LAUSES OF DEATH?
OR CONTRIBUTING TICAUSE OF	21B PLACE OF INJURY (e.g., I home, farm, factory, street, o	n at about 21 C. WHERE DI	D (li in Baltim	nore City, give exoct focation)
DEATH (notily medical examined)	etc.)			
OF INJURY (Month) (Day) (Year) (t	loud 21E INJURY OCCURRED		INJURY OCCUR?	
2 (APPROX)	While At D Not While Wark At Wark	• 🗆		
22. I certify that (this hospital) a	ttended the deceased from	8-12	19 /1_ to	-20 19 71
that # (we) lost sow the deceased a	0 00	19 71 gp		pinion death occurred on the date
and hour and from the couses stated				
23A. SIGNATURE	above. (1) (We) (ald) (ald not)	new the body after dea	itn.	23B, DATE SIGNED
10/1/	Atte	ending Med.	Stoff F	236 5412 3101125
Deneduit 1+ 10	DEGREE Phy	s. L. Director L	Phys.	
23 CAPHYSICIAN'S NAME (Type)		23D. ADDRESS		
	DEGREE	4 2 2 4 20 2 2 2 2		
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME . CEMETERY OF CR	EMATCH VA	F LEGISKU	Stry, Swall Country! (State)
9-17-	71		met bene	
25A. DATE REC'D BY REALTH DEPT. [25]	B. NAME OF REGISTRAR	2 GIAIN RAL	TO MEDIC	AL SCHOOLS
SEP 7 TOTA PARES	alla KB	MARINE	1.0 97 8000	The state of the s
VS 150-REV. 1/1/68		a amukau	AKY SERV	I CE - BCNS
				and the second s

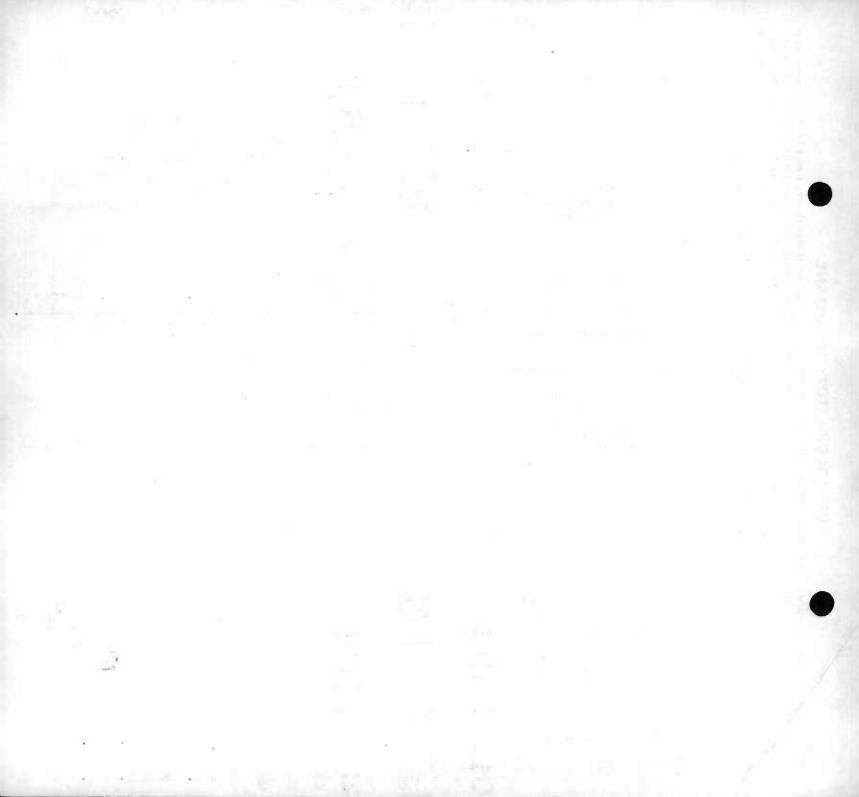


DIRECTOR:

FUNERAL



12-40	0		BALTIMORE CITY	HEALTH DEPARTMEN	T my.	1 @202
BIRTH NO.	71 8:	392	CERTIFICA	TE OF DEATH	REG. NO.	8334
I. NAME OF DE	CEASED				AND HOUR OF DEATH	
Type or Print)	D •			2. 50.10		
2 DI ACE IN SA	Henrietta B		1111000 0010	He HEHAL BEELDENGE (9/5/71	10:35 A N
S. PEACE IN SA	CHMORE MARILAND, Y	WHERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased fived. If i	institution: residence before admission)
FULL NAME OF	F (IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	Mayyland		2633
NOITUTION		~110111		C. CITY OR TOWN	D. 1NS	SIDE CITY LIMITS?
37	**			Baltimore		YES NO NO
	Mercy Hospi	tal, In	nc •		•	
5. SEX	6. RACE	Tw.			erfield Avenue	
Female			NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years lost birthdoy)	Months Days Haurs Min.
	White	WIDOWED		2-8-95	76	
OA, USUAL OCC	CUPATION (Give kind of wor if working life, even if retired)	LIOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNTRY
				Maryland		USA
HOM ARRY WO	TME .			14. MOTHER'S MAIDEN	NAME	
77 77						
Henry B	enner d Ever in U. S. Armed Fo		97	Sophie M. 17. INFORMANT	Knaup	
Yes, no or unknow	m) lif yes, give war or dok	es of service)	SECURITY NO.	Henry P Rol	7 200 E+ M	ADDRESS
No			212-16-4050	Hospital	Records	lead Rd. Laurel,
18, 4//	. 0		CAUSE OF DEAT		4	APPROXIMATE INTERVAL
DISEA	ASE OR CONDITION DI	RECTLY	11	to house li	In preti	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	a rigoconeria	- Lucia Larcia	m'
(This does	not mean the mode of	dying, e.g.,	DIJE TO OR AS	A CONSEQUENCE OF	***************************************	
injury or co	, asthenia, etc. It means mplication which caused	death.)				
1 ' '	ANTECEDENT CAUSES		Coco	and A. 18.	classis	
DISEASES			(B) DUE TO, OR AS	A CONSCOURNCE OF	C120515	
	OR CONDITIONS, if he above cause (A)			A CONSEQUENCE OF:		
UNDERLYIN	IG CONDITION last.		(c)			
	11					
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING	CDA	7-1-0 11	- 11 / /	
C DISEASE OR	ATH BUT NOT RELATED TO T	HE TERMINAL	2 177102	Post-08-1600	5- Amicileato	my
19A. DATE O	P OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE O	MI Heade	THUNE +	- Diverticulities	VIEC	VI-S	COSES OF DEATH?
	ENT WAS UNDERLYING	218	PLACE OF INJURY le.g., in	or obout 21 C. WHERE DI	(If In Boltimo	re City, give exact location)
DEATH (notif	UTING CAUSE OF Ty medical examiner	elc	ne, form, loctory, street, of	ice bidg., INJURY OCCUR	2	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
OF INJURY		211112			INJURY OCCUR:	
IAPPROX.)		Wo				
22. 1 certify	y that # (this hospita	l) attended t	he deceased from	7-26	19 7/to	9-5 1971
that (We) last saw the decease	ed alive an_	9-5		that in (my) (aur) api	inion deoth accurred on the dote
			i) (We) (did) (did not) v			arasilas on me don
23A. SIGNAT		Ted apave. ((me) (did) (did her) v	iew the bady offer dea	TN.	1938 DAYE SIGNED
		1/	Atte	nding Med.	n Shell [7]	23B. DATE SIGNED
	W. H.	2	DEGREE Phys	. Director L	Staff Phys.	9/6/7/
23C. PHYSICI	Lype)			3D. ADDRESS		
/						
4A. BURIAL CR	EMATION, 248, DATE	24C.N.	AME of CEMETERY of CRE	MATORY 1240	LOCATION (C	ity, town, or county! (State)
Burial	0 0 -			La Land		
	9-9-71	I Pa	rkwood Cem.	1000 500		alto. Md.
SA. DATE REC'I		100	REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
SEP	7 19/1 066	به در مع	per and	Leonard J	Buck Inc. B	3alto Md 2121/
/S 150-REV. 1/1.	/68	1 2 2	Will Company	1 6 0 0	7	

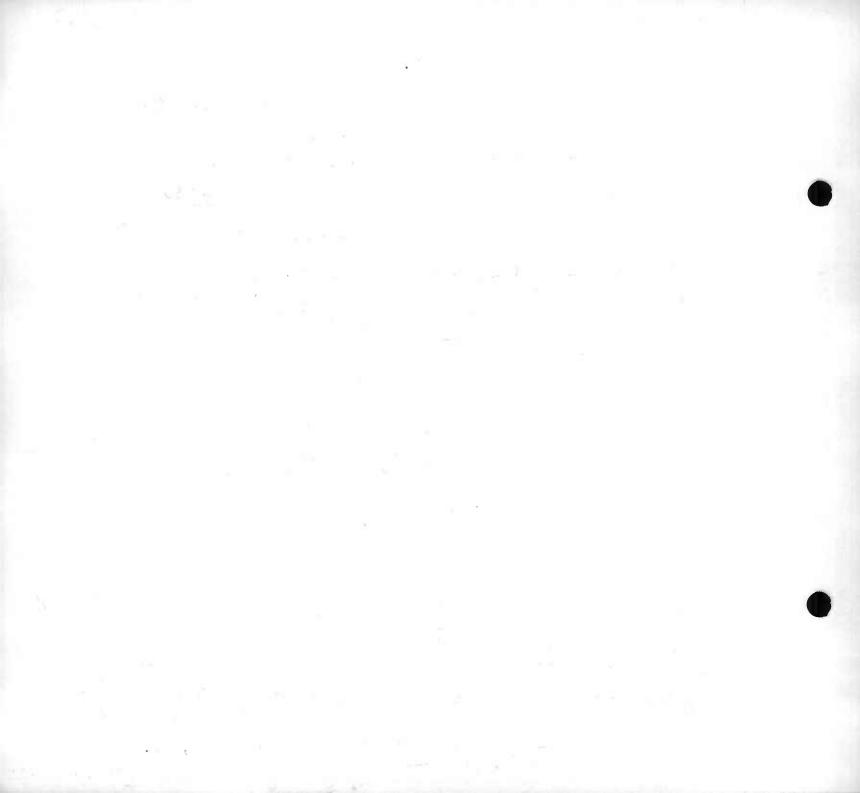


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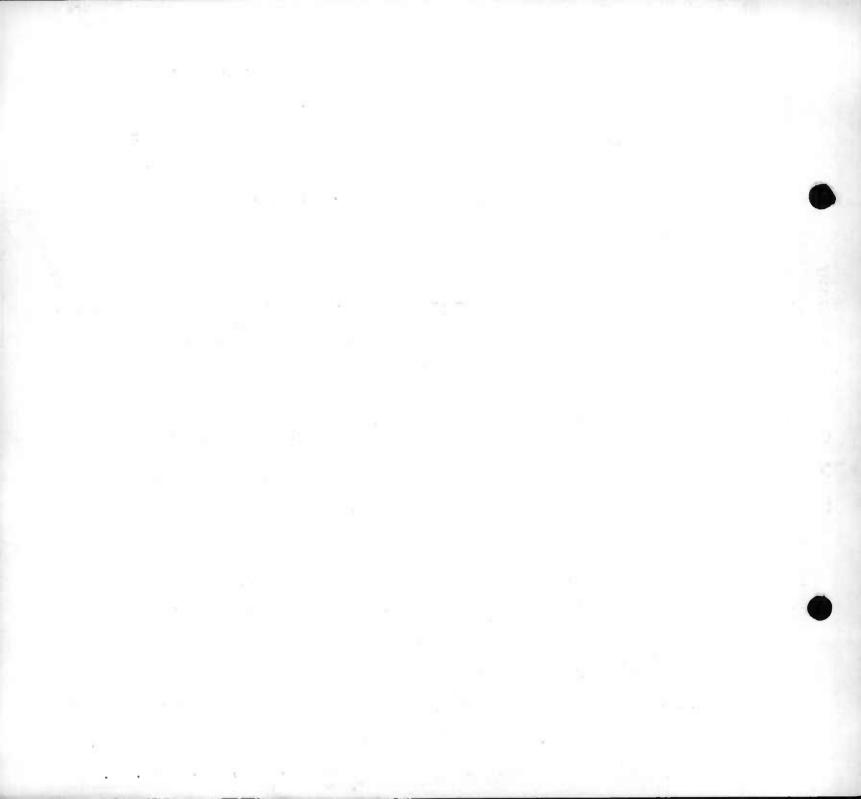
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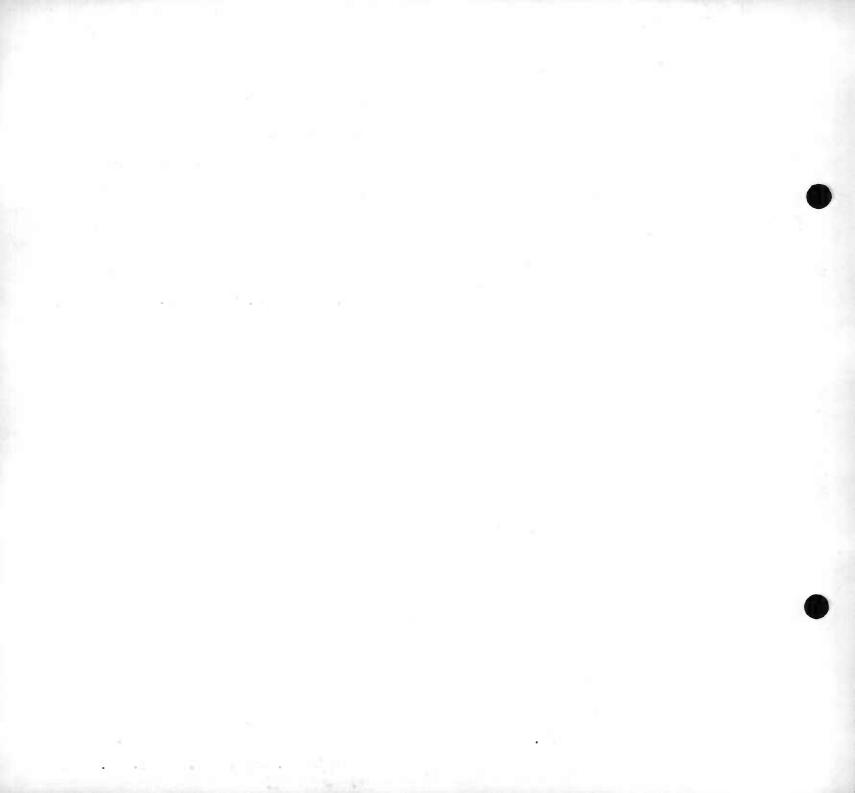


11.111	214	BALTIMORE CIT	Y HEALTH DEPARTMENT		71 8394
BIRTH NO.	8:	394 CERTIFICA	TE OF DEATH	REG. NO	0201
LNAME OF DEC	LENA		Se	pt. 3, 1971.	3:30 P.
3. PLACE IN BAL	TIMDRE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (VA. STATE	Vhere deceased lived, II in	stitution: residence below odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	Md.		DE CITY LIMITS?
00	4623 Elsro	de Avenue	Baltimore E. STREET AND NUMBER		YES X NO
• SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
Female	White	WIDOWED DIVORCED	Sept. 22, 187	6 lost birthday) 94	Months Doys Hours Min.
DA. USUAL OCCU	PATION (Give kind of worl	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country!	12. CITIZEN OF WHAT COUNTRY
Housew			German	y	USA
3. FATHER'S NAM			14. MOTHER'S MAIDEN	v	
	George	Essel		?	Spiess
. Was Deceased	Ever in U. S. Armed For Of yes, give wor or doto		17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,	\$12-01-6012 D	Mrs. Annabel	le Hubbard	(Same)
DISEASES OF	NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	any, giving four to, or as stoling the	ACONSEQUENCE OF:	tendona	use Gullen
DISEASE OR CO	II CANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART	IE TERMINAL	elizz a	rleriosa	2405
19A-DATE OF	WAS PERF		20 A. AUTDPSY7 (Yes or	No. 208 IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF THE TRANSPORT OF THE TRANS	21B. PLACE OF INJURY (e.g., îr hame, farm, fociory, street, all elc.)	or obout 21C. WHERE DID	(If In Boltimore	City, give exoci location)
(APPROXI	(Month) (Doyl (Yeorl	(Hour) 21E INJURY OCCURRED White At Not White Work	21F. HOW DID II	NJURY OCCUR?	
22. I certify t	hat (I) (thi s hospital)	attended the deceased from	NY 1	18 0 to	2nd 3 197/
	ost saw the deceased	100		that in (my) (our) opini	ton death occurred on the date
ond hour ond	from the causes state	ed oboye. (I) (We) (dtd) (did not) vi	lew the body after death	10	
23A, SIGNATUR	rocall.	Marbon DEGREE Phys	Med. Director	Staff Phys.	23B DATE SIGNED
230 PHYSICIAN NAME (Typ	20 W, M	INTZER DEGREE	30. ADDRESS 300 9 ENEK	CHEENAV	& BAZTI MI
REMOVAL (Sp Burial	ATION, 24B. DATE ecity) 9/7/71	24C. NAME of CEMETERY OF CRE			. lown, or county! (Stole) .more, Md.
A. DATE REC'D B		25R NAME OF REGISTRAR			- 47 114 8

Robert C. Failer, M.D. SEP 7 1 VS 150-REV. 1/1/68 1971 J. Ruck, Inc. Balto. Md. 21214



BALTIMORE C	TY HEALTH DEPARTMENT
BIRTH NO. CERTIFIC	ATE OF DEATH REG. NO. 71 8395
I. NAME OF DECEASED (Type or Prin ANTHOL) Y J. RUSSO 111	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Sept 4 1971 2 P
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BALTO, CITY
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
38	BALTIMORE YES NO
UNIVERSITY HOSPITAL	E. STREET AND NUMBER
E PEN	3203 EVERGREEN AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 1/6. If Under 24 Hours; Min Months; Doys Hours; Min
WIDOWED DIVORCED	0 12-63
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUN
None	Maryland US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AUTHORY RUSSO UR	A4. 0
	MARY LIATUUNIKAS
15. Was Deceased Ever in U. S. Armed Forces? 146. SOCIAL 18es, no or unknown) (If yes, give wor or dates of service) 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	Mr. Anthony J. Russo, Jr. (Same)
18. 2 () // ()] CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE
LEADING TO DEATH	AUSE PNEUMONIA lweek.
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury or camplication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:
rise to the obove cause (A) stoting the	TE LOUANIA ONTELL LENDING BOOK IN
UNDERLYING CONDITION IOSL (C) ACO	TE LYMPHOCYTIC LEGYTHIA RYPS 10M
z	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
₹ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E	
OR CONTRIBUTING CAUSE OF home, form, fociory, street	office bldg., INJURY OCCUR?
OI .	
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wo	nile C
22. I certify that (1) (this hospital) attended the deceosed fram	
Ca	17
The state of the s	19_7/ond that in (my) (our) opinion death occurred on the d
and hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter death.
23A. SIGNATURE	23B, DATE SIGNED
Dennett M Holman M.D. DEGREE	Hending Med. Stoff 9-4-7/
23C/PHYSICIAN'S NAME (Type)	23D. ADDRESS
KENNETH HOFFMAN M.O.	UNIVERSITY HOSPITAL
TIERNE I H MOFTMAN	
REMOVAL (Specily)	REMATORY 24D. LOCATION ICity, town, or county) (Stote)
Bunnol 0/7/71 Holly Uill 0.	
Burial 9/7/71. Holly Hill Ce	metery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	metery Baltimore, Md.
	metery Baltimore, Md.



B-251 mil	BALTIMORE CITY	HEALTH DEPARTMENT	A-0.4	
5-35/ 71 8396	CERTIFICA	TE OF DEATH	REG. NO.	1_8395
1. NAME OF DECEASED IType or Printl ANN 2 S. Batt	tenfeld	2. DATE AN	D HOUR OF DEATH	1 10 05
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived, Il insti	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	nd	2768 E CITY LIMITS?
Union Memorial	Hospital	B& HIMO E. STREET AND NUMBER		YES NO [
++		717 High	wood D	rive
trous la literatura	RIED NEVER MARRIED DIVORCED DIVORCED	7-23-96	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haus Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Maryl	and	U.S.A.
13. FATHER'S NAME Frederick (XXXX)	a Grahe	14 MOTHER'S MAIDEN NAM	sher	
15. Was Deceased Ever in U. S. Armed Forces?	II 6. SOCIAL	17. INFORMANT	sicel	ADDRESS
(Yes, no of unknown) (If yes, give wor of dotes of serv	COLUMN NO	Mr. Charles W.	Battenfeld,Jr	
DISEASE OR CONDITION DIRECTLY	Q? CVA.	9 Henrit fai		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE		
This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	ose, DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
injury or complication which caused death.) ANTECEDENT CAUSES	Aldava	al Carcinonat a consequence of:	- ovar	isn d
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	invol	ulter
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
_ 11				***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL PART 1 (A).	NG NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	JRY OCCURT	
22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	ed the deceosed from		971 to Se	
	1	19 7 1 and the	it in (my) (our) opinic	on deoth occurred on the dote
ond hour and from the couses stated abov	e. (I) (We) (did) (did not) vi	ew the body ofter deoth.		
23A. SIGNATURE	Atta	nding Med.		BR DATE SIGNED
Mei tu din.	DEGREE Phys	Director Lad 1	Staff Phys.	Sept 5.1971
NAME (Type MEI Pa LI	N,	THE UNION HE	MORZAL HOSPZ	-TAC
24A. BURIAL CREMATION, REMOVAL (Specifyl Burial 9/8/71.	C.NAME of CEMETERY OF CRE Moreland Memoria		Baltimore, Mo	town, or county) (State)
SEP 7 157 Jabout E. 3	ME OF REGISTRAR	25C. FUNERAL DIRECTOR Leonard J. Ruc	k, Inc. Balto	ADDRESS 0. Md. 21214
VS 150-REV. 1/1/68	/ 	1 1 0 9 3		

IMPORTANT

DIRECTOR:

FUNERAL

м.н.

VS 151-REV. 1/1/6B

Tarisque, Fenge, S.A. Saris S. Miller
Terisque, Fenge, S.A. Saris S. Miller
Sections: Beth carel Sarbara Nushres
Tea Shelmer Saris Saris Saris Saris Saria
Tea Saris Saris Saris Saris Saria Saria

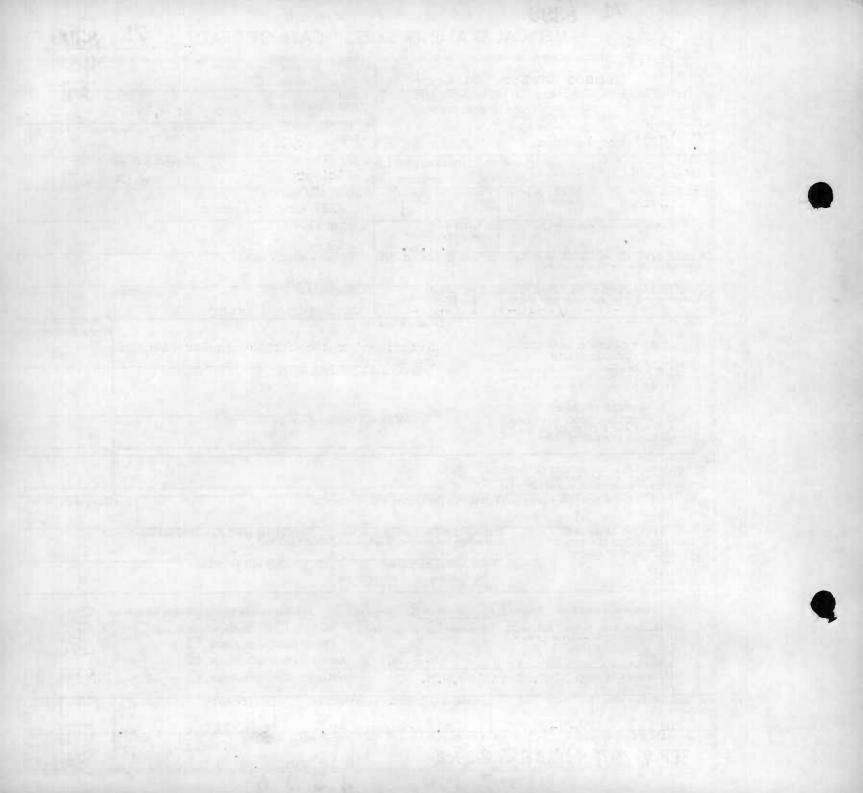
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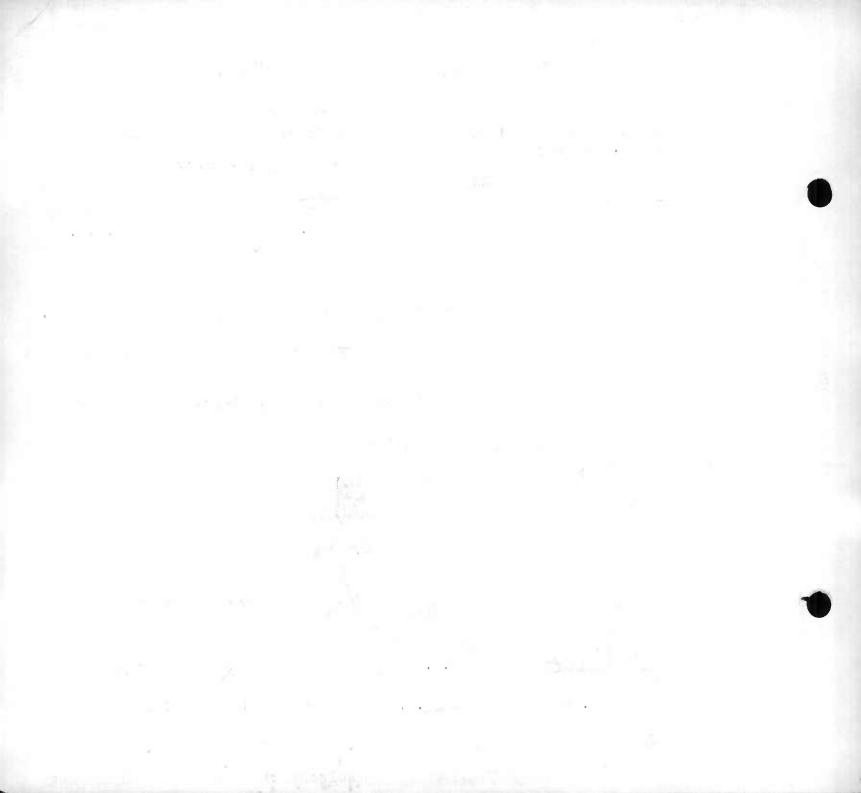
Labrus

Lamaqua, Scaupleill Co. In

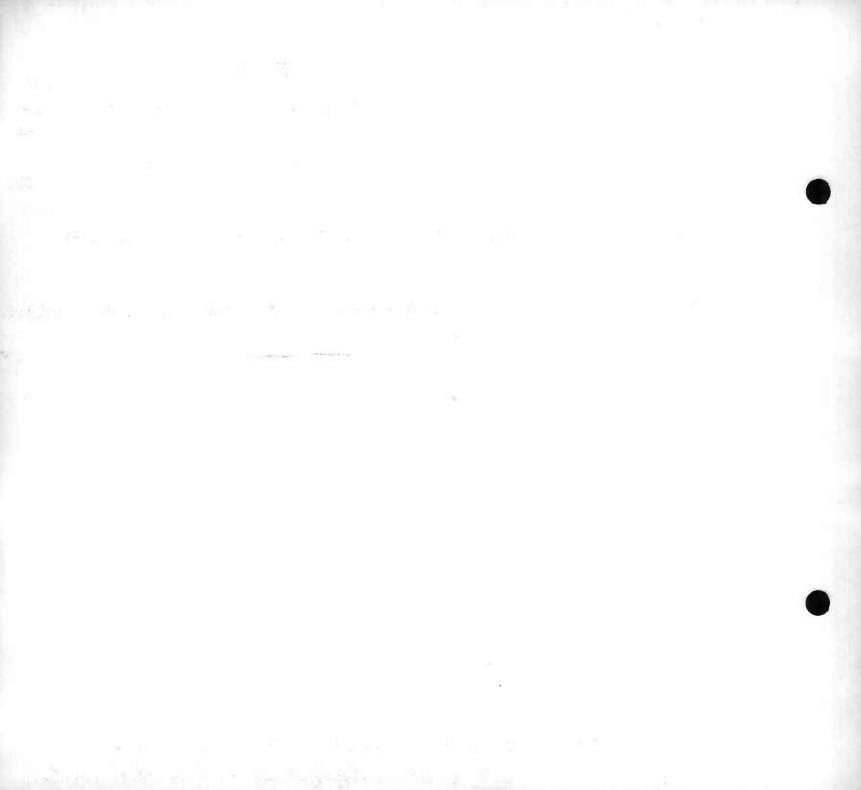
Tennach & Buch Ing., Salto. Ma. 2211

	MORE CITY HEALTH DEPA		74 0000
MEDICAL EXAM	MINER S CERTIFI	CATE OF DEAT	REG. NO. 4 8399
(Type or Print) Moses Caster (Cast		Known Month Estimated	Doy Year Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV ADDRESS OR LOCATION)	E STREET PRONO		ber 4,1971 6:20 P.
1337 Argyle Avenue	5. USUAL F A. STATE	ESIDENCE (Where deceased like Mary land	red. If Institution: residence before odmission) B. COUNTY
6. SEX 7. RACE 8. MARRIED NEV Nale Negro WIDOWED	R MARRIED C. CITY OF Balt:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 1-1-98 10. AGE (In years Hunder 1 Y Months Day	- Hours - Min.	AND NUMBER 7 Argyle Avenue	7.55 🛄 140 🗀
11. BIRTHPLACE(State or foreign country) Va • 12. CITIZEN WHATC	OUNTRY?	s NAME mes Caster	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINE done during most of working life, even if retired)	S OR INDUSTRY 15. MOTHE	rs MAIDEN NAME	
(Yes, no or unknown) (if yes, give wor or dotes of service)	CIAL INFOR	MANT	ADDRESS
	CAUSE OF DEATH	erine Caster	Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart foliure, osthenio, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B) DUE TO, OR AS A CONSE	QUENCE OF:	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS PERFORM	ED	21. AUTOPSY? (Yes or No)
UNDERLYING LOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJU OF INJURY	ctory, street, office bidg., etc.)	2C. WHERE DID (If In Bolhmon WURY OCCUR? 2F. HOW DID INJURY OCCU	
23. m. WORK	AT WORK Autopsy Suicide He	CHIEF MEDICAL EXAMINER	death in my opinion and manner DATE SIGNED 9/5/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify) Burial 9-9-71 Mt		RY 24D. LOCATION Baltin	(City, town, or county) (State)
SEP 7 1971 Robert E. Jarber M.	ISTRAR 25C. I	UNERAL DIRECTOR V . Ba:	iley ADDRESS
VS 151-REV. 1/1/68	0 0 0 4	3 9 6 ·	48 Calhoun Street





1 1100 71 8101	BALTIMORE CITY	HEALTH DEPARTMENT		71 8401	
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	0,101	
1. NAME OF DECEASED (Type or Print) GERTRUDE	Leeglston	2. DATE	AND HOUR OF DEAT		
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (W		institution: residence before	
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	1816 E Laf	ryland avette Ave	03.03.0	80
INSTITUTION		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
けつ		Baltimore E. STREET AND NUMBER		YES X NO	
Good Samaritan Hospi	tal		f yette Av	ve.	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. II Un Months Days Hours	der 24 Hrs.
F B WID	OWED DIVORCED	03-27-15	lost birthdoy)	Months Days Hours	Min.
OA. USUAL OCCUPATION (Give kind of work 108, K)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	56 preign country)	12. CITIZEN OF WHAT	COUNTRY
one during most of working life, even if retired) One Stie 3. FATHER'S NAME	Athone	Littleton.	N.C.	ZI,S.A.	COUNTRI
or Lyther 2 HAME	Ang j	14. MOTHER'S MAIDEN N	AME		
Lee Kinchen		Lucretia S	Solomon		
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or doles of se	16. SOCIAL	17. INFORMANT		ADDRESS	
		. T	A 1 1		
18.	CAUSE OF DEATH	Mrs. Joyce	HNOERSON	18/6E-LAFAVE	zeA.
DISEASE OR CONDITION DIRECTLY	N	5	MAJ	A PROXUMATE BETWEEN ONSET	AND DEATH
LEADING TO DEATH	19 1 2 11000	_W	R Pulmona	79	
(This does not mean the mode of dying,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	Emb	olas	
heart failure, asthenia, etc. It means the di injury or complication which caused deeth.		CONSEQUENCE OF:			
ANTECEDENT CAUSES	2 Da	19 Indiana	Lucys		
DISEASES OR CONDITIONS, if any,	(B) (B)	A CONSEQUENCE OF:			
rise to the above cause (A) stating	giving DOE 10, OK AS	A CONSEQUENCE OF:			
UNDERLYING CONDITION last.	&N (c)				
, II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	TING Dia	bites Mell	; tus		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL				
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or)	O) 208, IF YES, WERE	FINDINGS CONSIDERED	
LIVER BIOPSY WAS FERFORMED	F40	165	IN CERTIFIENCE CA	COSES OF DEATH?	
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, olf	or about 21 C. WHERE DID	(II In Boltimo	re City, give exact location)	
DEATH (notify medical examined)	etc.)				
21D.TIME (Month) (Doy) (Year) (Houd	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX)	While At At Work				
22 1					
22. I certify that (I) (thic despital) often		8/7/	_19 <u>_ Z/</u> to	8/3) 19	71
that ((we) lost saw the deceased office	0 /	19ond t	hot In (my) (our) op!	Inion death occurred an	the date
and hour and from the causes stated abo	ve. (6) (We) (did) (did pot) vi	ew the body ofter deoth.			
23A. SIGNATURE	/			23 B. DATE SIGNED	
John S. Kr	My MO pegass Phys.	ding Med. Director	Staff D	0/1/-	
23 C. PHYSI CIAN'S	DEGREE	D. ADDRESS	Phys.	8/1/7/	
NAME (Type)		11.001			
A. BURIAL CREMATION, 24B. DATE 2	OF GREE	11701			
REMOVAL (Specify)	4C. NAME of CEMETERY OF CREA	24D.	LOCATION (C	ity, town, or county)	(Stote)
Sur12/ 94-71	Arkutus Menn	MIZIPARK P	okueus.	Md.	
CLD 19 10000 1258, N	ME OF REGISTRAR	25C, FUNERAL DIRECTO	R	ADDRESS	
SEL (BALL COMPANY E.	0 0	Kayidalah ()	Callin 6 2	1318 01:00	C.
S 150-REV. 1/1/68		0/ 1/	The second		TE!



VS 150-REV. 1/1/68

T-5%	1571 84	02		TE OF DEATH	REG. NO. 71	8402
BIRTH NO. 1. NAME OF DE (Type or Print)	CEASED TOWNSEN	ID', CA			9-3-71	1 12:504
3. PLACE IN BA	LTIMORE, MARYLAND,	/		4. USUAL RESIDENCE (Where	deceased lived. Il institut	ion: residenca belaro admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE C	804
THE JOH	INS HOPKINS			E SHEET AND NUMBER 2315 E. PREST	1-U14 3-14-5-1	мо 🗌
. SEX	6. RACE	7. MARRIED	NEVER MARRIED		the second secon	Under 1 Yr If Under 24 Hrs.
1441 F		140001450		le le	ost birthdoy) Mo	Under 1 Yr. If Under 24 Hrs. niths Days Hours Min.
		ork 108, KIND OF	BUSINESS OR INDUSTRY	11. EINTHPLACE (State or foreig	n country) 12	CITIZEN OF WHAT COUNTRY
A	working life, even if refired)		QUANTICO.	Md.	71. S. A.
-1		1		A I		
KOMZ	d Ever in U. S. Armed F	Nd.	1 6. SOCIAL	ZINKNOWN		
res, no or unknow	n) (If yes, give war or do	tes of service)	SECURITY NO.	IV. INFORMANT		ADDRESS
Mn			218-03-8598	MARY TURNIASE	pd 1403 E.L.	2 NU2 / 6 Str
DISEASES	LEADING TO DEATH not mean the mode of, asihenia, etc. it mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A G CONDITION last.	of dying, e.g., is the disease, id death.)	(B) OBS	TRUCTIVE A CONSEQUENCE OF: STATIC E	URE MIT	1 year
TO THE DEA	FICANT CONDITIONS COME THE BUT NOT RELATED TO CONDITION GIVEN IN PART OF PERATION 1198. CO	THE TERMINAL	CONGE			
19A-DATE 0	SIDI WAS BE	RFORMED		20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol examined	218	e, farm, foctory, street, of	nor obout 21C. WHERE DID	lif In Baltimore City	, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year		INJURY O CCURRED Ile At Work At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify	that 10 (this hospite	al) attended th	ne deceased from	august 22 19	71 to Sept	3 19 7/
) last saw the deceas		0			
				lew the body after death.	in these fearl abundan	and described on the dot
23A. SIGNAT			Kind (And Indiana)	The body diret deaths	123 R.	DATE SIGNED
121	2001-0-	10	MO Atte	nding Med. S	haff bo	20 -4 3 155
23 C. PHYSICIA	AN'S	ella	DEGREE Phys	Director P	hys. Z	sept 5, 1971
I SMART	slip Pp	unict	oin Mn	Johns Ha	atine 11.	· + 1
4A. BURIAL CRI	EMATION, 248. DATE	24C.N/	ME OF CEMETERY OF CRE	MATORY 24D. LOC	CATION (City, to	Spilal who or county) (Stote)
REMOVAL	ispecily)	7 10	1.1	- 1 1 1 A		0 11
Durial	19-1-	(N.T.	AJUARY CER	netery ANI	ve Arundel	a. Mai

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THE RESIDENCE OF THE PROPERTY
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

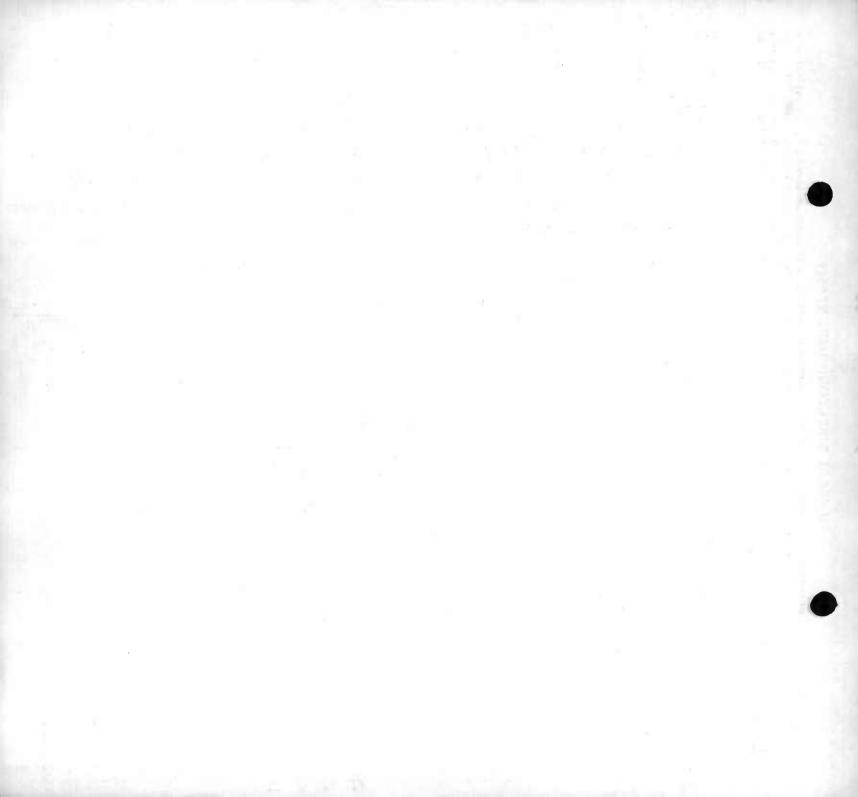
meles			BALTIMORE CITY	HEALTH DEPARTMENT	1 4	74 0	103
111-4601	1 8403	3	CERTIFICA	TE OF DEATH	REG. NO.	11 6	3400
NAME OF DECEASED		ARTHU	JR FRANKLIN		TEMBER 7.		8:10 P/m.
LE PLACE IN BALTIMOI	RE MARYLAND, W	HERE PRONO	UNCED DEAD	14. USUAL RESIDENCE			dence before admission)
FULL NAME OF F	IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	HOWARD	2 NSIDE CITY LIM	10436300
NOTITUTION	ACHEC	OCDITA			ELTY	YES T	ио)(Х
110 SI	AGNES H	OSPITA	L	E. STREET AND NUMBE		153	HOAD
				703 OELLA			
SEX 6. RA	CE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under	Yt. , Il Under 24 Hrs.
	HITE	WIDOWED	DIVORCED [05/10/87	lost birthdoy)	Months D	ays Hours Min.
OA. USUAL OCCUPATIOns during most of working		108 KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	loreign country)	12. CITIZE	N OF WHAT COUNTRY?
TEXTILE W	ORKER			MARYLAN	D	U	.S.A.
3. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME		
Was Decoused Ever	a U. S. Armed Fore	os?	II & SOCIAL	17. INFORMANT	DA + Ma +	ID 010-1	LDDRESS
es, no or unknown) (If ye			SECURITY NO.		BALTO		
NO				9 ST AGNES	RE CORDS (CATON &	
18. 2 5 0	91		CAUSE OF DEAT	•		88	APPROXIMATE INTERVAL
	CONDITION DIR	ECTLY	Creeks	Vascular A	1		
	ING TO DEATH	Inter-	(A) IMMEDIATE CAU	SE asculat A	ccident.		
heart failure, asthe	oan the mode of nia, etc., it means	the disease,	DITETO OF AS	A CONSEQUENCE OF:			
injury or complicat				1 /			
ANTE	CEDENT CAUSES		m Die	betes Hel	litus.		
DISEASES OR C	ONDITIONS, If	iny, giving	DUE TO, OR AS		<u> </u>		
rise to the ab		stating the	4-1				
GREEKLING CO			(c)				
OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITION 19A-DATE OF OPER 21A-ACCIDENT W.	NOT RELATED TO TH	IE TERMINAL					
2 19A-DATE OF OPER			WHICH OPERATION	20A. AUTOPSY? (Yes	Nol 208 IF YES WE	RE FINDINGS C	ONSIDERED
0	WAS PERF	ORMED		NO	IN CERTIFYING	CAUSES OF DE	ATH?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF	218 hon etc.	PLACE OF INJURY le.g., ine, farm, factory, street, of	n or obout 21C. WHERE DI fice bidg., INJURY OCCU	D (if in Bolti	more City, give	exoct lacation)
21D. TIME (Mor	nth) (Day) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY		Wi	ife At Not While	• 🖂			
		Wo					
			he deceased from SE		.,	E PPEMB	manda de constitución en la constitución de la cons
that (X) (we) lost	sow the decease	d alive on_	SEPTEMBER 7	19 <u>71</u> on	d that in Kny) (our)	opinion deoth	occurred on the dote
ond hour and from	n the causes stat	ed above. X	X(We) (did) X(iX) XOX) v	lew the body after dec	ith.		
23A. SIGNATURE	7					23B, DATE	SIGNED
/2		1.	MO DECREE Phy	nding Med.	Stoff N	00	/07/71
23C.PHYSICIAN'S	mann	des	- Deducti	23 D. ADDRESS			, 0///-
NAME (Type)	OD DEMAN	IDEC			BALTO MD	21229	LLVENC AVEC
	OR BENAV		DEGREE		SPITAL CAT		ILKENS AVES
A. BURIAL CREMATI	()		AME of CEMETERY of CRI	EMATORY 24	D. LOCATION	(City, town, ar	county) (State)
Burial	9/10/7		leadowridge		Dorsey, M	aryland	
SA. DATE REC'D BY H	EALTH DEPT.	258 NAME	OF REGISTRAR	25C. FUNERAL DIREC			ADDRESS
SEP 7 197	1 Gabert E	Jaber	M.D.	Witzke. 16	30 Edmondson	Avenue	21228
S 150-PSV 1/1/68		4 4	/		- HJ		

Ints certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	redical examiner. Also, if the direct or contributing cause of deat	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	in was in regular attendance on the deceased prior to death. Suc	written approval must be obtained before the remains are embalmed or final disposition is made.	
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D.		71	8404			HEALTH DEPARTMENT	REG. NO.	71 8404
I. NAM	AE OF DECE	ASED			CERTIFICA		AND HOUR OF DEAT	
Type o	or Print)	Cor	a Susan	De (Fraves		Sept 1971	30
3. PLA	CE IN BALT	IMORE, MARYL	AND, WHERE	PRONO	JNCED DEAD		here deceased lived. II	institution: residence before admi
FULL HOSPI	NAME OF	(IF NOT IN ADDRESS (HOSPITAL OF	R INSTITU	JTION, GIVE STREET	Maryland c. CITY OR TOWN	4,1	275
	None	The Wesl	ev Home	Tne		Baltimore	D. IN	ISIDE CITY LIMITS?
	10		st Roge:		romilo	E. STREET AND NUMBER		YES X NO
		ZE-LJ. WG	so noge.	12 11	/elide		Rogers Avenu	A
5. SEX		6. RACE	7. M	ARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 14 14 4 9 9 10 44 1 0
F	emale	White		OWED		7 Feb 1883	9. AGE (in years tast birthday)	Months Doys Hours A
OA. US	SUAL OCCU	PATION (Give kin	d of work 108, K			11. BIRTHPLACE (State or fo	reion country)	12. CITIZEN OF WHAT COL
lone du	uring most of w	rorking life, even if	retired)					
3. FAT	THER'S NAM	N.F.				Maryland		USA
						14. MOTHER'S MAIDEN N	AME	
		Worthing				Sophia Wals	trum	
o. Was Yes, no	or unknown)	Ever in U. S. Ar Of yes, give woo	med Forces?	ervice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			1000	218 52 1306	The Wesley	Home The	como
18.		3/1			CAUSE OF DEATH	THE MESTER	TIONE THE	Same APPROXIMATE INTER
nise UN	e Io the NDERLYING HER SIGNIFIC	CONDITION above cause CONDITION I	e (A) statin	g the	(c)	A CONSEQUENCE OF:	disease	***************************************
Z IDIS	EASE OR CO	BUT NOT RELATE	I IN PART 1 (A).		*******************	***********		
194	DATE OF	OPERATION 19	B. CONDITION AS PERFORME	FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or I	10 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR DEA	ATH (notify n	WAS UNDERLING CAUSE Conedicol examiner	YING D	218, I home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
21D	NJURY ((Month) (Doy)	(Year) (Hou	d 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(AP	PROXI			While	Not While			
22.	I certify t	hat (1) (this be	senital) attac		e deceased from	18 06-1		F1.100
the	+ (1) (was 1	ast saw the d	seesed all	nueu in	31 Chagus	F 1		Stephenber 197
								Inlan death accurred on the
23A	SIGNATUR	tram the cause	es stated ab	ove. (1)	(We) (did) (did not) vi	ew the body after death		
	A	ohu NI	Barus	ly	Alten DEGREE Phys.	ding Med.	Staff Phys.	23B, DATE SIGNED
23C	PHYSICIAN NAME (Typ	S e)		/		D. ADDRESS		1 1 - 4 - 1
		John W.	Barnaby	/		1652 E. Belve	dere Avenue	Balto Md 21212
A. BU	RIAL CREM	ATION, 24B, D.	ATE	24C. NA	ME of CEMETERY of CREA			ity, town, or county) (Sto
								The state of the s
5A. D/	urial	Y HEALTH DEN	8-71		Lawn Cemeter			Mare Balto 21224
S	EP 7	1971 (72	Bee E.	Jabe	REGISTRAR	Burene Funer		ADDRESS
	REV. 1/1/68			7	000	Tar god I mier	Trypie, Dal	Ltimore Maryland

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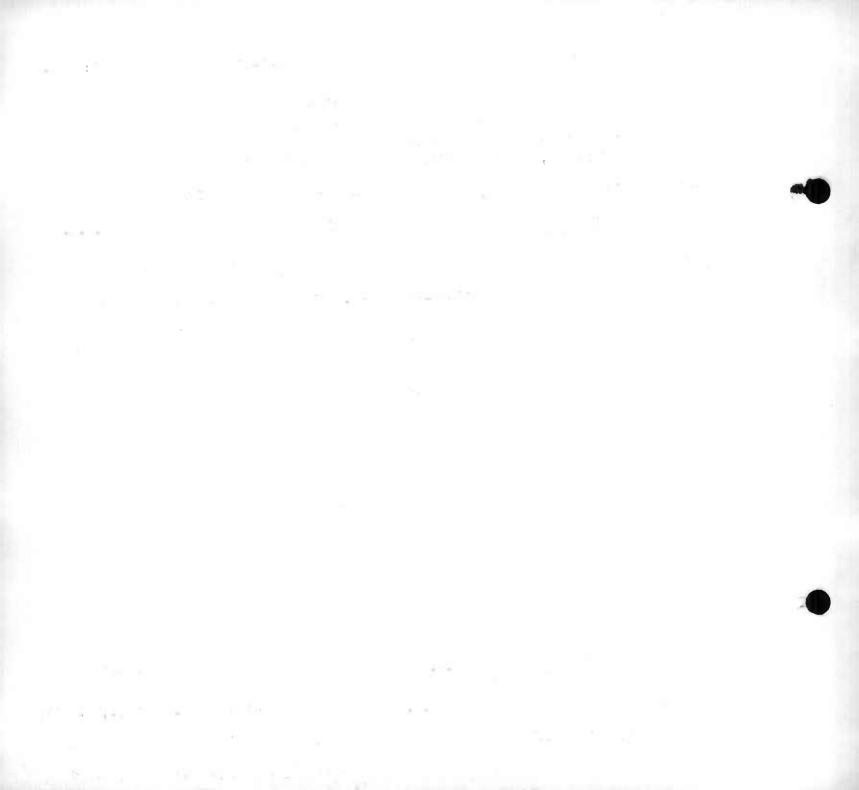
11	2 6316		BALTIMORE CITY	HEALTH DEPARTMENT		97 7 7 7 7 7 7 7	
The same	RTH NO. 71 8	405	CERTIFICA	TE OF DEATH	REG. NO.	8405	
	NAME OF DECEASED YPE OF PAINT BORTIFT	PERNE	TS.	2. DATE A	AND HOUR OF DEATH	, 8 A	
3.	PLACE IN BALTIMORE, MARYLANI	WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (WE	here deceated lived. If in	nstitution; residence before admissi	M.
III H	OSMIAL OR ADDRESS OR I		1. 4	A. STATE B. COU	Av.	1305	-
	Union Memo	nal to	Splitel	Balto.	5. 11431	YES NO	
L	Bolto, Md.	21218		E. STREET AND NUMBER	endon Place	ce	
	SEX M 6. RACE	WIDOWED	DIVORCED	2-4-03	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Min.	irs.
do	A. USUAL OCCUPATION (Give kind el ne during most of working life, even if reti	work 108, KIND OF BUS red),	hone Co	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUN	TRY?
13.	wm. Bontle			Addie Sta	- Trai		
15. (Ye	Was Deceased Ever in U. S. Armed ss, no or unknown! (If yes, give war or 2	ferces? 16. dates of service)	SOCIAL SECURITY NO. 2-03 6793	Wite M. Stella 1	Bortle; sa	ADDRESS	
	DISEASE OR CONDITION LEADING TO DEA		CAUSE OF DEATH	cardio-rel	pir arrest	BE WEEN ONSET AND DE	
	(This does not mean the mode heart foilure, astheria, etc. It me Injury ar complication which cau	o of dying, e.g., cans the disease, used death.)		se A consequence of: Wach no ideal	! lenonte	pe. 8-8-71	
	DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION last.	if any, giving (A) stating the		A CONSEQUENCE OF:	J	/	10
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	TO THE TERMINAL	R) clai	vicular street	ture old A	VI. ?	_
CERTIFICA	19A-DATE OF OPERATION 198.		H OPERATION	20A. AUTOPSY? (Yes or N	No. 208, IF YES, WERE P	FINDINGS CONSIDERED	
CAL CER	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	1G 278, PLAC home, for elc.)	CE OF INJURY (e.g., in m, factory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	e City, give exect location)	
MEDI	21D. TIME (Month) (Doyl (Y.	earl (Hour) 215 INJU While At Work	Not While	21F. HOW DID IN	JURY OCCUR?	,	
	22. I certify that (1) (this hosp that (1) (we) last saw the dece		eceased from	/S	19 That In(my) (our) opin	nlon death occurred on the d	ote
	and have and from the causes	stated abave. (1) (We	o) (did) (did nat) vi				
	234 SIGNATURE La Zelia	I lus	Atter Phys.	nding Med.	Shaff A	238, DATE SIGNED	
	23C. PHYSICIAN'S NAME (Type) Fa 26	Kas		3D. ADDRESS			
24	LEMOVAL (Specify)	8-7/ Lak	of CEMETERY OF CREA	MATORY 24D.	LOCATION (City	ty, town, or countyl (State)	
25	SEP 7 1971	258. NAME OF RE	SISHAN	25C-FUNERAL DIRECTO	uneval Ha	me Boly M	-
VS	150-REV. 1/1/68			G /22 /3	16	1 1 1 1 1 1 1 1	



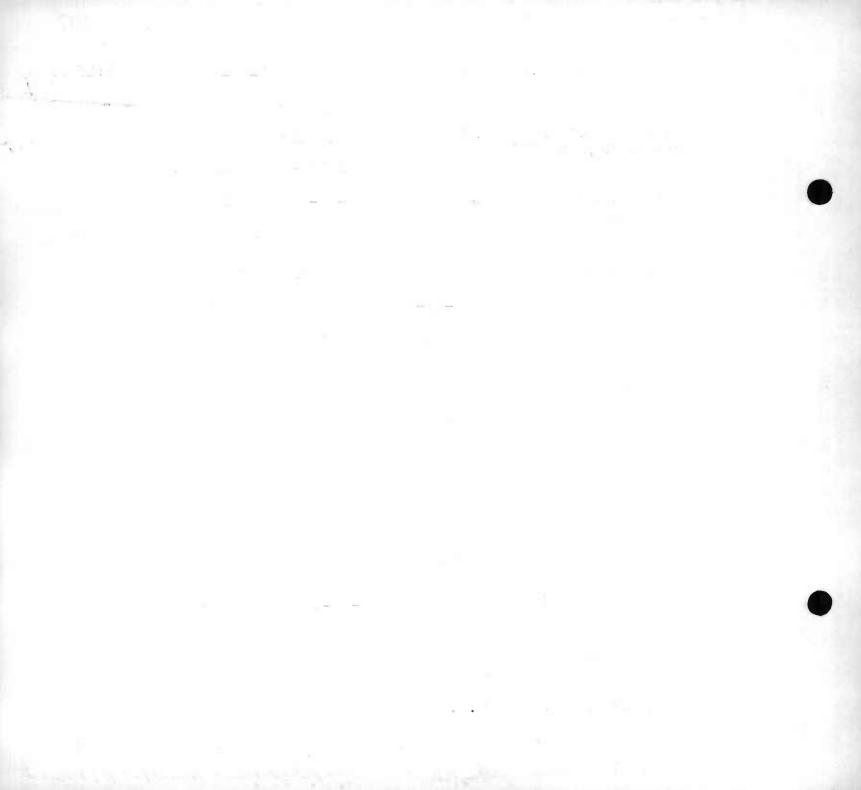
DIRECTOR:

FUNERAL

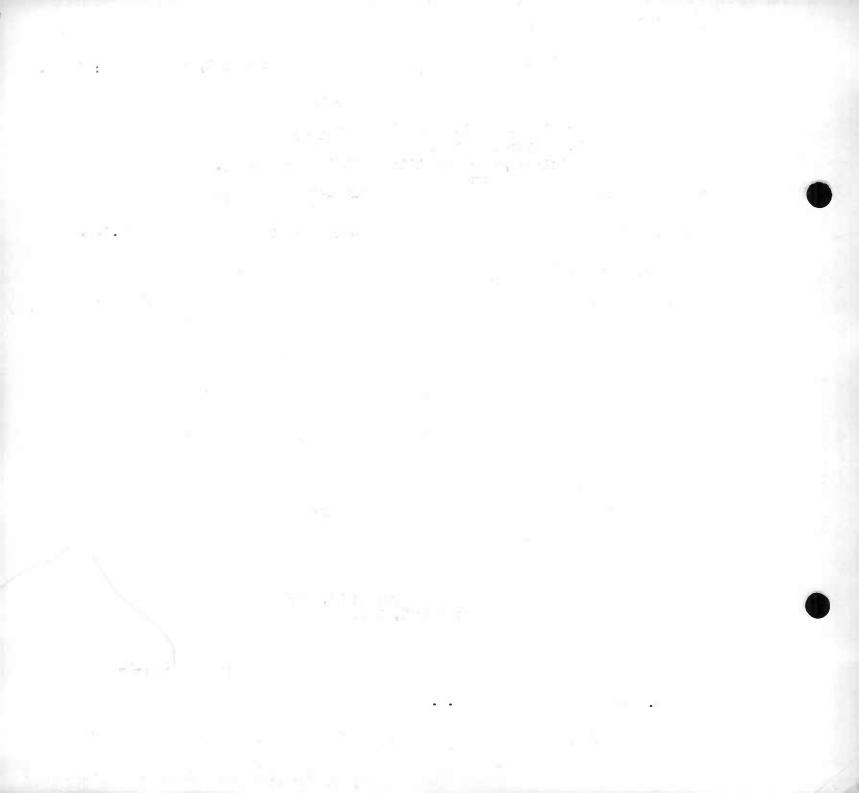
VS 150-REV. 1/1/68



7 201 54	BALTIMORE CITY	HEALTH DEPARTMENT		101.0
7-326 71 8407		TE OF DEATH	REG. NO	71 8407
1. NAME OF DECEASED (Typo or Print)		2. DATE A	ND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	ERALD RONGUNCED DEAD	4. USUAL RESIDENCE TWHE	06-71	7:25 AM institution: residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OF TOWN AND		1604
THE JOHNS HOPKINS H	COTMAT		D. IN	SIDE CITY LIMITS?
BALTIMORE, MD 2120		E. STREET AND NUMBER		YES NO [
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	1929 EDMON	DSON AVE	Litter 1 V H II I i i
	OWED DIVORCED	12-04-92	lost birthdoyl	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
done during most of working life even if retired)	AD OF BOSINESS OF INDUSTRY	11. SIRTHPLACE (Stole at fore	ign country)	12. CITIZEN OF WHAT COUNTR
1 media		Verge	nsa	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
HENRY WRIGHT		ELLA F	ATTERSON	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wer or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ATTERSON	ADDRESS
No	214-22-9826	Rebecca Le	0-133	6 Luneme au
18. 204.	CAUSE OF DEATH	received	2-102	CAPPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	one	unionia		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) NAMEDIATE CAUS	orivor ivia		- 1
(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dis	(A) IMMEDIATE CAU	CONSEQUENCE OF:		59
injury ar camplication which caused death.)	euse,			, , , , ,
ANTECEDENT CAUSES	and and	our le	month	Martin 5 7
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:	1100,000	Joseph P.
rise to the above cause (A) stating UNDERLYING CONDITION last.	the		-cello	multa
and the second residual second	(c)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IP YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	218. PLACE OF INJURY (e.g., in	gr obout 21 C. WHERE DID	ner	
OR CONTRIBUTING CAUSE OF DEATH (natify modical examined)	home, form, factory, street, affi etc.)	co bldg. INJURY OCCUR?	fit 40x parimor	e City, give exoct lacation)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	Work Not While			
22, I certify that (1) (this hospital) attend		6 11 71 1	9	01/1 11
that (I) (we) last saw the deceased alive		10-11-11-11-11-11-11-11-11-11-11-11-11-1	10	19 19
			t In(my) (aur) apli	nton death occurred an the dote
and haur and from the causes stated above	er (I) (We) (dld not) vie	ew the body after death,		
Penilani n X	DTI MA Attend	ding Med. m	. 11	238, DATE SIGNED
23C.PHYSICIAN'S	DEGREE Phys.		hoff hys.	9/6/11
NAME (Type)		3074	99	11
PENELOPE SCOTT	M.D. OEGREE	menn	ANARIN	n HOP.
REMOVAL (Specify)	C. NAME of CEMETERY OF CREM	ATORY 24D. LO	CATION (Cit	y, town, or county) (Stole)
SUCCES - / - / SA. DATE REC'D BY HEALTH DEPT. 258, NA	M. Chilearn	Cemeling It	estput	md.
SEP 7 1971 Pala & E	ME OF REGISTRAR	25C, FUNERAY DIRECTOR	0 11	ADDRESS 1. 1
150-BEV 1/1/68	Markey M. A.	JULIUS 14	nuel Am	1/24 // Lareline



6	-50 C) 1 8	108		TE OF DEATH	REG. NO	71 8408
1.1	AME OF DEC		ie Lane	[4	2. DATE	AND HOUR OF DEATH	-
3.	PLACE IN BAL	TIMORE MARYLAN		Heighers		ember 2, 197	8:06 a. A
					IN STATE & COL	INTY	stitution: residence before admission
H0	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HO	SPITAL OR INST	ITUTION, GIVE STREET	Maryland c. CITY OR TOWN		2802
1	SHIDHON	Pro	vident H	ospital Comple:	Baltimore	D. INS	IDE CITY LIMITS?
	37	260	0 Liberty	y Heights	E. STREET AND NUMBER		YES X NO
L		Bal	timore, 1	Maryland 21215	4204 Wentwor	th Rd.	
5.		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
		Black	WIDOWE	DIVORCED [4-14-97	14	Months Doys Hours Min.
don	e during most of w	vorking life, even if reti	work 108, KIND (OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Unemploy				South Carolin	a	U.S.A.
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN N	AME	
	Bare	on 4	I elle.		Merian	Son-	/
15. (Ye:	Was Deceased	Ever in U. S. Armed	Forces? dotes of service)	1'6. SOCIAL SECURITY NO.	17. INFORMANT	Lunde	ADDRESS
-	no				54 00.	2010	4204 7
	18. 4/1	1.2.1		CAUSE OF DEAT	H	Congresson	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION	DIRECTLY		11/1		BETWEEN ONSET AND DEATH
		I meen the made		(A) IMMEDIATE CA			5 days
	heart failure, c	osthenia, etc. It me plication which cou	ans the disease	DUE TO, OR AS	A CONSEQUENCE OF:		0
		NTECEDENT CAU		+ A	1/1) = (0 11 t	Unknown
		R CONDITIONS,		(B) DUE TO OR AS	A CONSEQUENCE OF:	- 111	
	rise to the	abave couse CONDITION lost.	A) stating th	(c) Pres	monitis	left love	er loke not know
NO	OTHER SIGNIFIC	II CANT CONDITIONS	CONTRIBUTING			U	
ATIC	TO THE DEATH	I BUT NOT RELATED TO ENDITION GIVEN IN	O THE TERMINAL	***************	500***********************************		
CERTIFICATION	19A-DATE OF	OPERATION 198 (ONDITION FOR	WHICH OPERATION	NO.	lo 208, IF YES, WERE I	INDINGS CONSIDERED
ERT) //	1000			NO	IN CERTIFYING CAT	JSES OF DEATH?
	OR CONTRIBUT DEATH (nofify i	T WAS UNDERLYIN TING CAUSE OF medical examined	G 21 ho	me, form, lociary, street, o	n ar obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimore	City, give exoct lacation)
	21D. TIME	(Month) (Doy) (Ye	or) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	THEY OCCUPY	
2	OF INJURY (APPROX.)		= w	hile At D Not While ark At Wark	• 🗆		
	22. I certify t	that (1) (this boso	tedl seesaded	A110	711ST 28. 1971	•	9-1-17
	that (1) (we) 1	ost saw the dece	sed alive an	September 2,	971,0	.19to	lon death occurred on the date
	and hour and	from the causes	toted above	11 KW-1 (313) (314-1)	lew the body after death.	hot in (my) (aur) optr	ion death occurred on the date
	3A. SIGNATUR	E	10100 000101	(1) (Ale) (ala) (ase=ues) A	iew the body after deoth.		23 B, DATE SIGNED
	ALL	1114	-Tam		nding Med.	Staff X	9-2-71
	23C. PHYSICIAN	rs	1001	DEGREE Phys	Director L	Phys.	
	Dr.	Tan		M.D.	Parondont !	front 1	Baltiumo Wel.
24A	BURIAL CREM	ATION, 248, DATE	24C, N	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	, lawn, or caunty) (Statel
1	Ben al	9-7	-7/ (and ma	n. P. V.	10000	ml:
25A		BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	auce,	ADDRESS
	SEP 7		Be BE 36	BLADIO	albirate of	senas & Home	- 112 9 D. Caroline A
/S 1	50-REV. 1/1/68	3				7.719	



1	11-15	-7		BALTIMORE CITY	HEALTH DEPARTMENT	V 1	14	0
BIRT	H NO.	71 8	409	CERTIFICA	TE OF DEATH	REG. NO.	1. 840	9
	AME OF DEC	WILLIAMS	. CL	ARENCE		PTEMBER 6.	1971	12:00 A
3. P	LACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE I	Where deceased lived, if	institution: residence	before admission)
FUL HO: INS	L NAME OF	ADDRESS OR LOCA	(TION)	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		212 SIDE CITY LIMITS?	228 5200
	· han	ST AGNES H			BALTIMORE		YES	NO XX
	70	CATON & WI BALTIMORE,		YLAND 21229	E. STREET AND NUMBER	R NWEALTH AVE	NUE	
5. 51		6. RACE	7. MARRII	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Months: Days	If Under 24 Hrs.
	ALE	NEGR O	WIDOW	ternal ternal	6/19/89	last birthdayl		
		PATION (Give find of work working life, even if refired)	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF	WHAT COUNTRY?
	CHEF C		Ori	ole Cafeteria	MARYLAN		U.S.	Α.
13. F	ATHER'S NAM	AE			14. MOTHER'S MAIDEN	NAME		
		WILLIAMS		10	- 100	ITTLES		
15, W	Yas Deceased no or Unknown)	Ever in U. S. Armed Ford	s of service	SECURITY NO.	17. INFORMANT	1177 130000	ADDR	ESS
	NO			212-07-239	7 GUSSIE WI	LLIAMS 411	COMMONWE	CALTH AVE.
	18. 49	2 XI		CAUSE OF DEAT	H			OXIMATE INTERVAL
		E OR CONDITION DIS LEADING TO DEATH	ECTLY		11.	1.6.		
	(This does n	ot mean the mode of	dying, e.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	19108000		
		asthenia, etc. It means plication which caused		0				
		INTECEDENT CAUSES		- 1. E	uphy s por	OC.		
	DISEASES O	R CONDITIONS, if	any, givi	DUE TO, OR AS	A CONSEQUENCE OF:	-		
		above cause (A) CONDITION last	stating t	he (c) V. A7	ferios elevo	Lie d.		
-		11		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/			************
FI	TO THE DEAT	ICANT CONDITIONS COL H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	IE TERMINA	G L		17000000000000000000000000000000000000		
		OPERATION 19% CON	DITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	IDERED
CAL	DR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	11	IB. PLACE OF INJURY (e.g., in ome, form, factory, street, of tell	n or about 21 C. WHERE DIE	(If in Boltime	ore City, give exact	lacation)
MEDI	OF INJURY	(Month) (Doyl (Year)	- 1	L INJURY OCCURRED		INJURY OCCUR?		
	(APPROX.)			While At At Work	° 🗆			
2	22. I certify	that (1X(this hospital	attende	the deceased framS	EPTEMBER 4	19 71 to SE	PTEMBER	619_71_
	Santa -			SEPTEMBER.		that in (my) (aur) ap	Inlan death acc	urred an the date
2	3A. SIGNATU	RE COUSES STAT	ed abave,	(A) (Me) (q1q) (q(q()/e)/ A	lew the body after dea	th.	238, DATE SIGN	IFD.
	(1	Vil CL	1: a		nding Med.	Staff D	9.6.7	_
	23C.PHYSICIA	104. 2170	27/9	DEGREE Phys	Director L.	Phys.	1.0.1	
	NAME IT	NICHOLI	CST	RATIGARIS MO.	ST ABNES H	IOSPITAL CA	TON & WI	LKENS AVES
24A.	REMOVAL IS	pecify)	24C	NAME of CEMETERY OF CRE	MATORY 240	LOCATION (C	ity, town, or county	y) (State)
_	URIAL	9-9-19		ESTERN STAR	CEMETERY	BALTIMORE	CO. MAR	YLAND
25A.	SEP "	7 1971 Pasa	BE. J	E OF REGISTRAN	25C. FUNERAL DIREC		ADI	DRESS
V\$ 1	50-REV. 1/1/6	8	+ 7			This world		1102(211 11)

X The second of th taken and remainded allowers the annual section of the section of

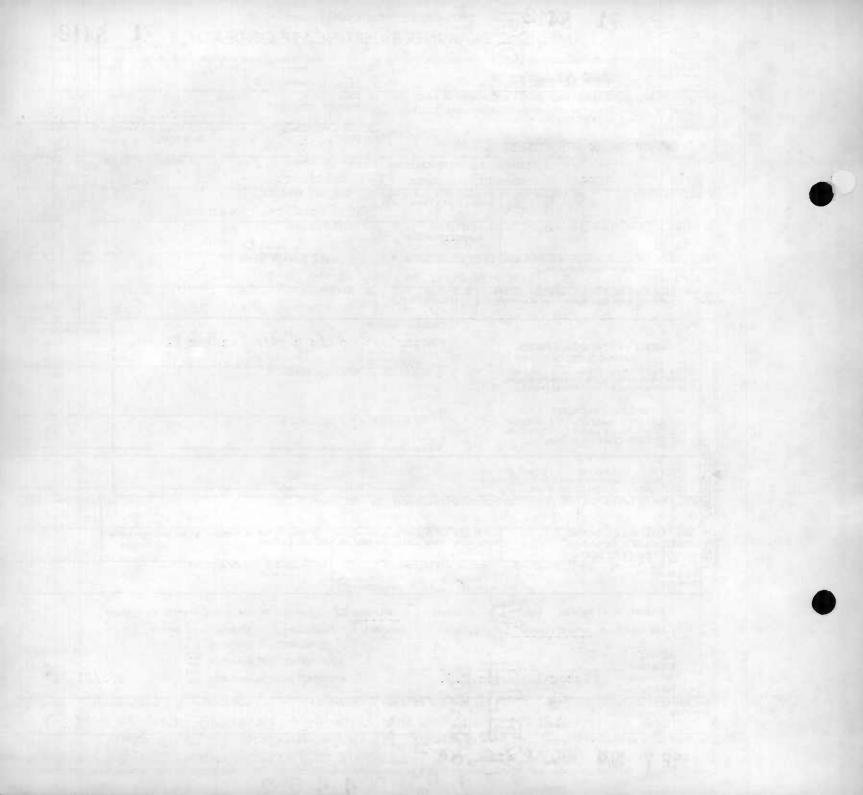
1/ -1	11		BALTIMORE CITY	HEALTH DEPARTME	NT		
BIRTH NO.	71 84	110	CERTIFICA	TE OF DEAT	TH REG. NO.	71	8410 "
NAME OF DE	CEASED			2. DA	TE AND HOUR OF DEAT	TH.	
Type or Print)	William M.	Yancey	7		ptember 5,		
3. PLACE IN BA	ALTIMORE, MARYLAND,	-			Where deceased lived.		N Necessary of the second
		,		A. STATE	COUNTY	THE THOUGHT TES	// perote belong
FULL NAME OF	F (IF NOT IN HOSP ADDRESS OR LO	TTAL OR INSTIT	UTION, GIVE STREET	Maryland		/	61
NSTITUTION	UDDICES OF FO	CAHON		C. CITY OR TOWN	D. 11	NSIDE CITY LIA	AITS?
LUTHE	ERAN HOSPIT	AL OF E	ALTIMORE	Baltimor		YES 🔣	NO 🗌
4				E. STREET AND NUM	BER		
10				2750 Wine	chester Str	eet	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	If Under	1 Yr. , If Under 24 Hrs.
Male	Negro	WIDOWED		8-31-1901	lost birthdayl	Months	Doys Hours Min.
A. USUAL OC	CUPATION (Give kind of we	ork 108, KIND OF	BUSINESS OR INDUSTRY		or foreign country)	12 CITY	EN OF WHAT COUNTRY
ne during most o	of working life, even if retired						
custo		Lemel	Junior High	Virginia		1	USA
FATHER'S NA	AME			14 MOTHER'S MAIDE	NNAME		
Willia	am J. Yance	V		Virginia	Mealey		
Was Decause	ed Ever in U. S. Armed F.	oves?	16. SOCIAL	17. INFORMANT	14		100000
s, no of unknow	vn) (If yes, give wor or do	les of service)	SECURITY NO.	17. INFORMANT		4	ADDRESS
No			227-18-1282	Mrs. Esth	er A. Yance	v 2750	Wincheste
18. 4/	1 21011	1 2 X	CAUSE OF DEAT			2	APPROXIMATE INTERVAL
DISEA	ASE OR CONDITION D	RECTLY				86	ETWEEN ONSET AND DEATH
	LEADING TO DEATH			ardia a	nd the		11-
(This does	nat mean the mode o	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	your		~~~~
heart failure	, asthenia, etc. Il mean implication which cause	s the disease.	DUE 10, OR A3	A CONSEQUENCE OF:			
Infory or co			(1	-	
	ANTECEDENT CAUSE	5	(B) Urter	mole	Heart Des	ease	11 may
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
TINDERLYIN	he above cause (A)	staling the				1	
ONDERLIN	TO CONDITION 103E		(C)				2014 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHER SIGNI TO THE DEA DISEASE OR	II .		-				
TO THE DEA	IFICANT CONDITIONS COLOTH	ONTRIBUTING	mule	ino m	n P		8 2 - 1+
DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).		3~~			
19A. DATE O	F OPERATION 198 CO	NOTION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	OF No. 208, IF YES, WER	E FINDINGS	ONSIDERED
0				NO	III CEXIFIINO C	AUSES OF DE	MINI
21 A. ACCIDI	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., i	or obout 21 C. WHERE D	OID (II In Boltim	ore City, give	exoct location)
DEATH (notif	y medical examined	etc.	e, form, foctory, street, of	ice bidg., INJURT OCCI	J 807		
21 D. TIME	(Month) (Dov) (Tent	Word DIE	William Cocurate	212			
OF INJURY	(Monini (Doy) (Tear		INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
(APPROX)		Wo	le At Not While	· 🔲			
22. 1 certify	y that (1) (this hospite	al) casended al			20 / 52 . (e
			To deceased from	november	19 <u>68</u> to	april .	5-19-71
	last sow the deceas		The A	19 <u>7/</u>	nd that in (my) (our) o	pinion death	occurred on the dote
		ated abave. (I) (44) (did not) v	lew the body after de	eath.		
23A. SIGNAT	URE					23 R. DATE	SIGNED
R	land 1	1		nding Med.	Stoff	-/	- /.
23C. PHYSICI	ANS) 02	DEGREE Phys	Director L	☐ Phys. ☐	7/7	1/7/
NAME	Typel						
	LAND SMOOT		M. D.	GARWYN ME	DICAL CENTE	R	
BURIAL CRI	EMATION, 248. DATE	24C.N/	ME of CEMETERY OF CRE	MATORT 2	4D. LOCATION (City, town, or	county) (State)
REMOVAL		071 7	bankan Ma			_	
Burial	9-9-1	S/T AI	butus Memor		Baltimore	Co.	Maryland
OF B	1971 Vales	A TAR	F REGUSTAR	25C. FUNERAL DIRE			ADDRESS
SEP 7	1911 Vaber	C 4		NUTTER F	UNERAL HOME	3035	W. NORTH A'
150-REV. 1/1			7 1 11 11				



VS 150-REV. 1/1/68



1	6-32	011	WED		. EX	AMINER'S	CERTIF	ICATE	OF	DEAT	H REG. NO.	1 8	3412
-	TH NO.												
(Typ	e or Print) Re		H. Bu	tts			2. DATE OF DEATH	F-414-	d	Month	Doy	Year	Hour M.
4.	LACE IN BAL	IMORE, MA	ARYLAND, W	HERE P	RONOL	JNCED DEAD	3. DATE			Month	Day	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTIO	N, GIVE STREET		DESIDENCE			mber 3,		11:50 A _{M.}
	1	н номе	AND HO	SPIT	AL		A. STATE	Maryla		deceosed ii	B. COUNTY	ii. Terioence	1304
6, 5	EX	7. RACE		B. MARE	RIED 🗵	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE C	ITY LIMITS	?
	Male	Negr		WIDOV				1timore			Y	ES 🖾	№ □
	-26-19:		lost biriles		Month	ler 1 Yr. If Under 24 Hrs. s 1 Doys 1 Hours 1 Min.		Woodbr		Avenu	e		
11.	BIRTHPLACE (S	tote or forely	on country)			TIZEN OF		muel B	11++	C			
			e kind of work	14B. KINI	OFBI	USINESS OR INDUSTR						-	
don	Printer	orking life, en	en Hrettred)	Lord	Ва	alto. Pres	_	telle					
16. (Yes	WAS DECEAS	(Il yes, give	U.S. ARMED	FORCE of service	5?	17. SOCIAL SECURITY NO. 218-07-408	18. INFO		Dii	++0		DDRESS	ook Avenu
_	NO				k			Trene	Du	LLS .	3303 WC		APPROXIMATE INTERVAL
	(This does n	LEADING To ot mean the osthenio, etc.	OTTION DIRE O DEATH mode of dy c. It means the ich coused de	ing, e.g.,		Arterio (A)IMMEDIATE (DUE TO, OR	sclero	tic car	diov	ascul	ar disea	BET	TWEEN ONSET AND DEATH
CERTIFICATION	DISEASES (RISE TO THE UNDERLYIN	IFICANT CO	IONS, IF ANY LUSE (A) STA TION LAST.	ONTRIBU	TING	(B) DUE TO, OR	AS A CON	SEQUENCE OF	Fi				
문	TO THE DEA	ATH BUT NO	T RELATED TO	THE TERM	AINAL								
CERT	20A. DATE OF	OPERATIO	N 208. CO	NDITION	FOR W	VHICH OPERATION W	AS PERFO	RMED					OPSY? (Yes or No)
EDICAL	UNDERLYING		ITRIB-		228. Pl home,	ACE OF INJURY (e.g., farm, loctory, street, offic	In or obou te bldg., etc.	22C. WHERE	CUR?	II in Boltime	ore City, give ex	act location)
ME	UTING CA 22D. TIME OF INJURY (APPROX.)		Doy) (Yea	r) (Hou	W		WHILE	22F. HOW D	נאו מוכ	URY OCC	UR?		
	23. I cert resul ACTUAL SIGNAT EXAMIN NAME (URE	Natural cou	, Ve	Ac Vic,	Inspection Accident Suici	o. As	Homicide C CHIEF MED SSISTANT MED SOCIATE MED	DICAL E	Jndeterm XAMINER XAMINER XAMINER		9/3	DATE SIGNED
	A.BURIAL CRE MOVAL (Spec Burial		248, DATE 9-8-]	1971		Mt. Auburn			-	location ltime	•	n, or count	ryland
25	A. DATE REC'D	BY HEALTH	Robert			OF REGISTRAR		TTER F				ADDRESS 035 W	. NORTH A
VS	151-REV. 1/1/6	В		()	7	100	1	4 0	0				



25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

9-8-1971

	5-53	71	843	13		BALTIMORE CITY HE	ALTH DEPAI	RTMENT		ry.	1 0	442	
1	0-00	0	MED	ICAL	. E)	KAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO.	1 8	413	
	TH NO.									REG. NO.			_
I.	NAME OF DEC						2. DATE	Known 🗌	Month	Doy	Year	Hour	
	n	The second second	W. Sn				DEATH	Estimated [M.
						OUNCED DEAD	3. DATE	JNCED DEAD	Month	Day	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	ADDR	ESS OR LOCA	TION)	HIUH	ON, GIVE STREET				ber 4,19			A.M.
2213 Brunt Street							S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY						
6.	SEX	7. RACE		B. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
	la1e	Neg	ro	WIDO	VED [DIVORCED	Ba1	timore		Y	ES 🖾	NO 🗌	
9. [ATE OF BIRT	Н	10. AGE (last birthdo	u)	If Un	der 1 Yr. It Under 24 Hrs. hs Days , Haurs , Min.	E. STREET	ND NUMBER					
	3-11-19	918	1000	7 53			2201	Whitti	er Ave	enue			
	BIRTHPLACE (S		ign country)	1		ITIZEN OF VHAT COUNTRY?	13. FATHER	SNAME					
	Virgin:		1. 1 1 1	1 4D MI2 4		USA		mes Smi					
done	during most of v	orking life, e	ve kind of work ven Ifretired):	148. KINI) OF E	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	AME				
	custod:					chool	Irene Steptoe						
(Yes	WAS DECEAS	ED EVER IN	war or dates	of service	5?	17. SOCIAL SECURITY NO.	18. INFORM				DDRESS		
-	NO 19.							Irene A	my 220	ol Whit		Avenue	
	57/	181				CAUSE OF DEA						VEEN ONSET AND D	
	DISEASE OR CONDITION DIRECTLY Fatty metamorphosis of liver												
	LEADING TO DEATH (A) IMMEDIATE CAUSE												
	(This does not mean the mode of dying, e.g., heart loilure, asthenia, etc., it means the disease, injury or complication which caused death.)												
	injury or con	iplication wh	ich coused de	am.)									
	ANTECEDENT CAUSES (B)												
	DISEASES O	OR CONDIT	IONS, IF ANY	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
2	UNDERLYIN	G CONDI	TION LAST.	IINO INE		(c)							
õ			П			(0)							
CERTIFICATION	OTHER SIGN	IFICANT CO	NDMONS C	ONTRIBU	TING								
표	DISEASE OR	CONDITION	T RELATED TO	THE TERM	UNAL								
RT						WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes ar No	2)
	1											(Partial	-
K	22A. EXTER	NAL CAUSE	WAS		22B. P	LACE OF INJURY (e.g.,	In or obout 2	2C. WHERE DIE	(If In Baltimo	re City, give exc	et iocution)	-	
MEDICAL	UNDERLYING UTING CA			M.	home,	, form, factory, street, affic	e bldg., etc.) II	UURY OCCUR					
Σ		(Month)	Day) (Year	r) (Hou	r) 22	E.INJURY OCCURRED		2F. HOW DID I	NJURY OCCI	JR?			
	OF INJURY (APPROX.) m. WHILE AT NOT WHILE AT WORK												
	23. (Partial)												
	I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion												
	result	ed from:	Notural cau	ses 🔽	Ac	cident Suicid	e Ho	micide 🗌	Undetermi	ned manner [
		/	7		1	1.1		HIEF MEDICAL					
	ACTUAL	/	wed	11	1/2.	1	ASSI	STANT MEDICAL	EXAMINER			DATE SIGNED	
	SIGN ATI		onald N	JVO	rph	lum, M. D.	•	CIATE MEDICAL		П	9/4	/71	
	NAME (T	ype)	onalu I	1. NO	TIID	Tull, H. D.	A330	CIATE MEDICAL	LAMMINER		3/4	/ / 1	
24/	A. BURIAL CRE	MATION,	248. DATE		240	. NAME of CEMETERY	or CREMATO	RY 240	LOCATION	(City, town	, or county	(Stote)	_
KE,	MOVAL (Special Burial	Υ/	9-8-1	971	A.	rbutus Memo	orial	Park	Baltim	ore	Co	Marse 7	- 10

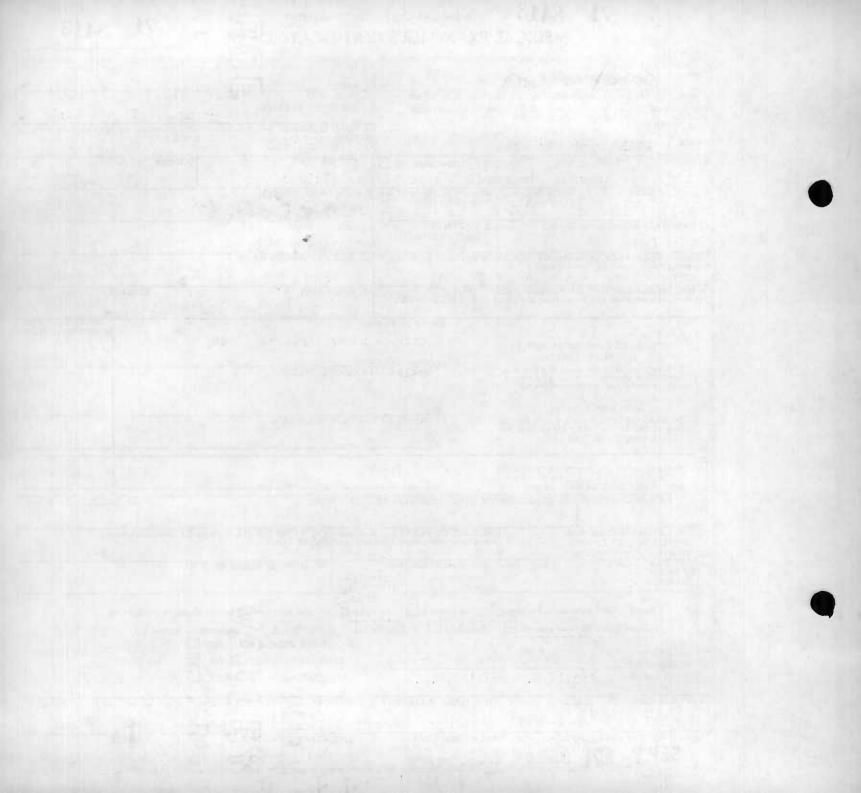
971 Arbutus Memorial Park Bai

NUTTER FUNERAL HOME 3035 W. NORTH

CO.

Baltimore

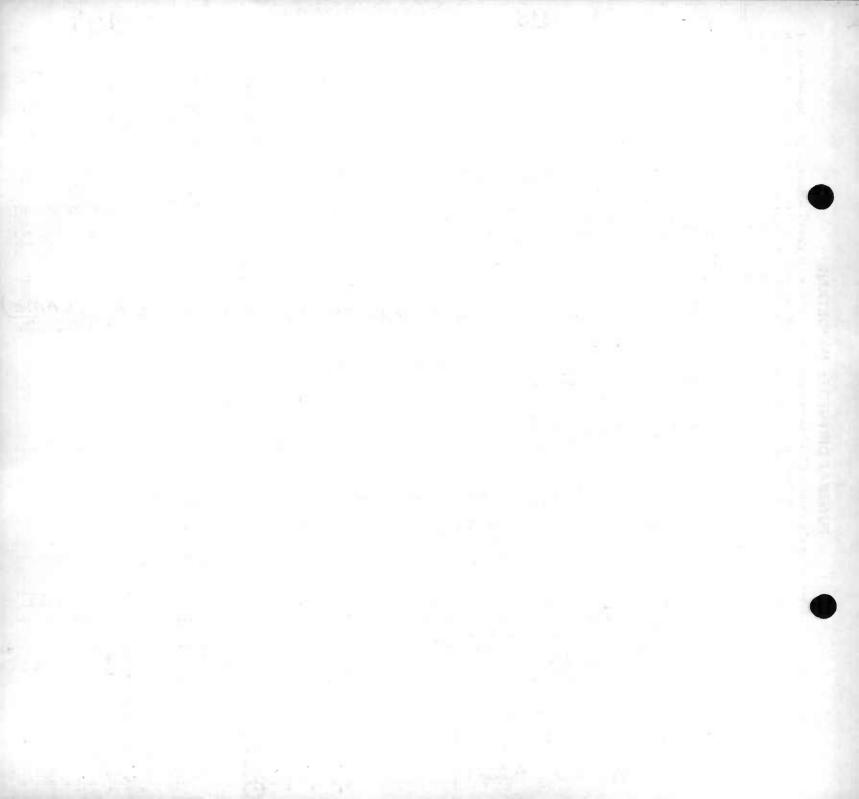
Maryland



1				B	ALTIMORE CITY	HEALTH DEPAR	TMENT		11	8111
6)-400	174	0114					REG. NO.		OTIT
	TH NO.	1 1	OFTI	(EKTIFICA	TE OF DE	AIH	_		
	Pe or Print)	SED \$	ewell	, Mila	lred a			HOUR OF DEAT	, 3.1	5 AM
3.	PLACE IN BALTIM	ORE MARYL	AND, WHERE PR	ONOUNCED	DEAD	4. USUAL RESID	ENCE (Where	deceased lived. II	institution	residence before odmission)
HC	LL NAME OF OSPITAL OR STITUTION	(IF NOT IN	HOSPITAL OR I		GIVE STREET	C. CITY OR TOW	land	0.16	ISIDE CITY I	-14(000
	Lotheran	. Hospi	tal of	Md.			altim		YES 🔀	
6	73. ASL	Surton	ST. Bo	eltim	re, Md.	E. STREET AND				,
5. 5	SEX I6.	RACE	7	num 57 atm		8. DATE OF BIRT	Ore SI	AGE (In years		er 1 Yr Il Under 24 Hrs.
	Female	N	Egra WIDO	WED 🗌	ER MARRIED DIVORCED	1-17-	14 10	st birthday)	Months	Doys Hours Min.
don	USUAL OCCUPA o during most of work	TION (Give kir king life, even i	retired)	_	SS OR INDUSTRY	11. BIRTHPLACE	Stere or foreign	country)	12. CfT	ZEN OF WHAT COUNTRY
12	FATHER'S NAME	estic	- B	12 Go	pelia	m	AAIDEN NAMI	rug		USA
134	FAIRER'S NAME					14. MOTHER'S N	AAIDEN MAMI			
1.5	Herl	7730	mi	115		5a	die	Chas	.0	
(Ye	Wos Deceosed Ev s, no or unknown) (If	yes, give wo	r or doles of sen	rice) 1 6. SOC	URITY NO.	17. INFORMANT				ADDRESS
_	no			073	-24-659	6 Ernes	± 500	ell 30	08 6	Presbury 53
	18. 560 ·	OR CONDIT	ON DISCOUR	C	AUSE OF DEAT	Н				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ADING TO	ION DIRECTLY			Al-2	000	=0 C		2 days
	(This does not heart failure, asl injury or complic	lhenia, etc. Il	nade of dying, i means the disc	e.c.	DUE TO, OR AS	A CONSEQUENCE	OF:	o of my)	2000
	1	TECEDENT C			0.40	martini	Prou	menio		2 1000
	DISEASES OR	CONDITION	IS, if any, g	iving	DUE TO, OR AS	A CONSEQUENCE		win-Ev		T occord?
	rise to the UNDERLYING	abave caus	e (A) stating		c)					
		- 11								
ATION	OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON	UT NOT RELAT	TED TO THE TERMI		Intesti	al S	bstru	r ctrin		
ERTIFIC,	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
Ü	21A. ACCIDENT OR CONTRIBUTION	WAS UNDER	YING	218. PLACE	OF INJURY (e.g.,	n or obout 21 C. Wi-	HERE DID	(il in Boltim	ore City, giv	ve exoct location)
S	DEATH (notify me	dicol exomine	al	etcJ	tociony, anecq o	nice bidge into an	000011			
MEDI	21 D. TIME (N	(Doy)	(Yeor) (Houd		OCCURRED		W DID INJUI	RY OCCUR?		
2	(APPROX.)			While At Work	Not While					
	22. I certify that (i) (this hospital) attended the deceased from \$\frac{9}{2} - \frac{1}{1} = \frac{19}{19} =									
	that (1) (we) last saw the deceased alive an									
	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.									
	23A. SIGNATURE	1	161 -	1	Au	nding Me		-tt ==	23B, DA	TE SIGNED
	22C BUYELCI AARC	Mone	× 2000-		DEGREE Phy	s. L Dir	ector P	off Nas.	9-	-1-11
	PHYSICIAN'S NAME (Type	gbook.	A. Waro	ich N	1-0.	23D. ADDRESS Luther	in Hosp	utal, 73	o Ashb	uptin Horsy.
24/	BURIAL CREMA	TION, 24B, E	ATE 2	C.NAME ef	DEGREE CEMETERY OF CR	MATORY	24D. LOC	CATION (City, town,	or county) (Stote)
0	3100-1		10-71	mz	Α		a	altimo		marila
25/	DATE REC'D BY	HEALTH DE	PT. 258. NA	ME OF REGIS	TRAR	25C. FUNERAL		~101411 D	7.4	ADDRESS
LS	EP 7 19	7 RAG	ent E Jan	Ben ACD	1 13 13	PEFFUL C	- fund	aral Has	m 31	35 W. Mor
VS	150-REV. 1/1/68			2 1	and the					



1	7-656 /1 X410		HEALTH DEPART		REG. NO. 71	0445	
BIRT	TH NO.	RTIFICA	TE OF DEA	ATH	REG. NO.	- 04 TO	
	AME OF DECEASED CECLG. BRANN	IEO	2.	DATE AND HOU			
1.75	CECIL G. BRAIN	sec		9-6	- 1971	1-11.50	DM.
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	EAD	4. USUAL RESIDEN	B COUNTY	ased lived. If institut	ionr residence before	admission)
FUI HO INS	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI	VE STREET	C. CITY OR TOWN	D- BA	D. INSIDE C	ITY LIMITS?	02
1	UNION MEMORIAL HOSPITAL		CITY		YES	NO []	
	44	A.	E. STREET AND NI	A	TEDA CIR	2016	
5. \$	EX 6. RACE 7. MARRIED NEVER	ALA BRIED	8. DATE OF BIRTH				der 24 Hrs.
1	10 10	DIVORCED	12-10-	O) lost birt	hdoyl & 9 Mo	onths Days Hours	Min.
104.	USUAL OCCUPATION (Give Lind of work 108, KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Ste	ote or foreign cour	itry) 12	CITIZEN OF WHAT	COUNTRY?
RE	during most of working tile, even if refired) MARGUETO SALES MGR. CEMENT	TTE	VIRGU	•			SGAGE
	ATHER'S NAME		14. MOTHER'S MAI	IDEN NAME			
1/1	EASPER BRANNER		BERD	ie zin	LKLE		
15. V	Vas Deceased Ever in U. S. Armed Forces? 16. SOCI/ no or unknown	AL RITY NO.	17. INFORMANT			ADDRESS	
			5 AWDRE	Uni	2 00000	-0 (c	AME
		USE OF DEATH	5 HOURE	7 111. 8	3 RANNE	APPROXIMATE	INTERVAL
	DISEASE OF CONDITION DIRECTLY					BETWEEN ONSET	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	IMMEDIATE CAUS		DIAC A	RRIEST		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF	8			
	ANTECEDENT CAUSES		10-1-00:1	INTERA	0-1-1		
	(8)	DUE TO OP AS	10 CARDIA	C (MHA)	ta my.		
	rise to the above cause (A) stating the	DUE 10, OK 23 /	A CONSEQUENCE O	rr:			
	UNDERLYING CONDITION last. (C)						
HOLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	101108	RENAL	Edit on	R		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	-	PRICE	PAINUR	15		
CERTIFIC	198. CONDITION FOR WHICH OP	ERATION	20A. AUTOPSY? (Yes of No) 20B. I	IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?	
ü	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in	or obout 21 C. WHER	E DID	(II In Boltimore City	, give exact lacation)	
CAL	OR CONTRIBUTING CAUSE OF home, form, for percentage of the contribution of the contrib	ctory, street, offi	ce bldg., INJURY O	C CU K?			
ă	21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY C	CCURRED	21F. HOW	DID INJURY OC	cum		
1 3× 1	OF INJURY (APPROX.) While At	Not While At Work			,		
	Work L						
	22. I certify that (1) (this hospital) attended the deceas	ed from	3017	1 19 3-1	10 9 6	5/7/	9_7_
1	that (1) (we) lost sow the deceased alive on	171	197	ond that In (m	y) (our) opinion	deoth occurred on	the dote
	ond hour and from the causes stated above. (1) (We) (di	d) (dld not) vi	ew the body after	deoth.	-		
	23A. SIGNATURE				23 B,	DATE SIGNED	
	pre A 100	Atten Phys.	ding Med.	or Staff Phys.	1	9/7/71	- 60 00
	23C. PHYSICIAN'S	DEGREE	D. ADDRESS	111/0		, , , , ,	
	NAME TYPE TOSE PAZ		UNION	MENOR	iAL (tos	RITAL	
24A.	BURIAL CREMATION, 248, DATE 24C. NAME & CE	METERY OF CREA		24D. LOCATIO		wn, or cauntyl	(State)
	REMOVAL ISpecilyI			4		mig of coomy	
L			Demetery		sville,		Md.
23A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTR	AK	25C. FUNERAL D	Jenkins	& Sons Co Road Balto	ADDRESS	
	SEP 7 BT Value & Jaben MD	0 0	4905	York F	Road Balto	o., Md. 2	1212
VS I	50-REV. 1/1/68	No. of S		e Ful			



	11	161)	BALTIMORE CIT
2002	BIRT	H NO. 71 8416	CERTIFIC
deat deat ease n th	1.N	AME OF DECEASED	1
- 9 6 d	нур	or Prints Warren Ala	LEE
d d d	3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONO	INCED DEAD
de de	ΙНΟ	L NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION)	
ting d cau d cau prior		UNION MEHORIAC	HOSPI TAZ
occurry ontribu ermine regular eased I	5. \$	6. RACE 7. MARRIED	NEVER MARRIED
cease n is m		WIDOWED WIDOWED	
		USUAL OCCUPATION (Give kind of work 10B, KIND OF during most of working life, even if refired)	BUSINESS OR INDUST
D - D - D -		GOUSE WIFE H	one
(4) u (4) u the the spos	13. [ATHER'S NAME IRUIN MERRITT	
E 8 2 6 8	15.	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL
로 유 유 근 로 로	(Yes	no or unknown) (If yes, give war or dates of service)	SECURITY NO.
46 do	-		CAUSE OF DEA
W POF0		DISEASE OR CONDITION DIRECTLY	
. 4 4 5 2 2 1		LEADING TO DEATH	(A) IMMEDIATE C
0 - 5 = 0 -		(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR
pro ctu		injury or complication which caused death.)	
fra fra e go e e e e e e e e e e e e e e e e e		ANTECEDENT CAUSES	(8)
SEAFE		DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR
		rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)
ica as as		11	
edice burr hysi	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	4544444
a m ody he p the t	FIC.	19A-DATE OF OPERATION 19A CONDITION FOR	WHICH OPERATION
chi Bod The the ysi	CERTIFIC.	(WAS PERFORMED	
000000		21A. A CCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (e.g.
No No	CAL	DEATH (notify medical examined etc.	
proved by the hospital ny nature; (2 except where and (6) No postanted betained	0	21D-TIME (Month) (Doy) (Year) (Hour 21E	INJURY OCCURRED
hosp natu rept d (6) aine	2	(APPROX)	ile At U Not W
the ny n exce and obta		22. I certify that (i) (this hospital) attended t	
		that (1) (we) last saw the deceased alive an_	serro.
of of of the		and hour and from the couses stated above.	() (We) (did) (did not
dent of cospital death		23A. SIGNATURE	
was released the accident of a ccident of accident of a tangent of a prior to death	1	Barton	
releaceing a parto		23C. PHYSICIAN'S	Depart
was re An ac Prior		NAME (Type)	
y was rely y was rely 1) An acc).A. at a b d prior to	24/	TUHO BONTORION BURIAL CREMATION, 1248, DATE 124C.N	AME OF CEMETERY OF
		REMOVAL (Specily)	,M
his ce he bod hows: vas D. leceas	25.	DATE REC'D BY MEALTH DEPT. 258. NAME	INSET !
the bod shows: was D.C decease	123	FD 7 TATE PLACE S. Name	S. ALVISIANA
- u > u >	IĻŞ		M4 0 0
	A.2	150-REV. 1/1/68	

11	1,61)				BALTIMOR	E CITY HEALTH	DEPARTMENT	1 *	71 84	116
	TH NO.	71	841	5,	CERTIF	ICATE C	F DEATH	/ REG. 140		(10)
Ту	AME OF DECE	War		Ada	LEE		5e	S.4 1971	' I	6/50 gm.
3.	PLACE IN BALTI	MORE MAR	LAND, WH	ERE PRONO	UNCED DEAD	A. STAT	L RESIDENCE (What		nstitution: reside	nce before admission)
FU H C	LL NAME OF	(IF NOT I	N HOSPITAL	OR INSTIT	UTION, GIVE STREE		OCTOWN	OCTAN C	SIDE CITY LIMIT	57
	- 1-1-					0	CFAN CITY	1	YES 🗗	NO 🗌
1	UNIO	NH	!FMO	DRIAC	Hosfit.	47 E. STRE	et and number	4	way	
i. 5	EX 6	. RACE	7	· MARRIED	NEVER MARRIE	D B DATE	OF BIRTH	9. AGE Un years	Il Under 1	Yr. If Under 24 Hrs.
10.4	F	W		WIDOWED	DIVORCE	06	PLACE (State or force	61	Months Do	OF WHAT COUNTRY?
	during most of we			1	tone		14R4 L			FRICAN
3.	FATHER'S NAM	E			_	14 MO	HER'S MAIDEN NAM		,	
		1N 1					/	WITSO		- 1000
5. Ye:	Was Deceased Line of unknown)	of yes, give v	Armed Force war or dates	of service)	SECURITY NO	. INFG		LART	AD	DORESS
-	18. 77 / 0	//1			CAUSE OF	DEATH				PPROXIMATE INTERVAL
		OR CONDI		CTLY				CHF, A		VEEN ONSET AND DEATH
	(This does no			dylng, e.g.	(A) IMMEDI	ATE CAUSE OR AS A CONSE	OHENCE OF	Car 1/4	3000	,
	heart failure, a	sthenia, etc.	It means	he disease		, OK A3 A CO143E	GOELICE OLI			
	injury of comp			seam.						
		NTECEDENT			(8)	OR AS A CONS	FOUR OF			
	rise to the	R CONDITIO	ONS, if a	ny, giving	DUE 10,	OR AS A CONS	EQUENCE OF			
	UNDERLYING	CONDITION	l last.	ording the	(c)					
		- 11								
ŏ	OTHER SIGNIFIC									
CATION	TO THE DEATH DISEASE OR CO	NDITION GIV	EN IN PART	1 (A).						
ERTIFIC	19A-DATE OF	OPERATION	WAS PERFO	TON FOR	WHICH OPERATION	N 20A	AUTOPSYZ (Yes or No	IN CERTIFYING C	AUSES OF DEA	NSIDERED TH?
O	21A. A CCIDENT	T WAS UND	ERLYINO	hor	R. PLACE OF INJUR	Y (e.g., in or about	21C. WHERE DID	(II In Boltim	ore City, give ex	cact location)
MEDICAL	DEATH (notify	medical exami	ln ed	etc			-100			(5)
ED	OF INJURY	(Month) (Do	y) (Year)	0.000	INJURY OCCUR		21F. HOW DID INJ	URY OCCUR?		
2	(APPROX.)	100			hile At D N	lot While			0 .	21
	22. I certify t	hot (i) (this	hospital)	attended	the deceased fro	m 8-1	0-11	19to	1-4-	19
	that (I) (we) I	No.			servo	4 1	7 1		inian death a	accurred on the date
	Application 2.				11 (W=) (111) (111)					
	23A. SIGNATUS		USES EYOTE	d opove	1) (we) (ata) (ata	not) view the	bady after death.		238, DATE S	IGNED
	237. 310.17.	and or	1			Attending	Med.	Staff Phys.	9/4	1/-1
	0	00				Phys. L		1 11 y 01		1 / / /
	23C. PHYSICIAN NAME (Ty	YS pel		2)	-	23D. ADI			141 1	LOPISTA
24.	NAME (Ty	PO BO MATION, 1248	MT OF	210h	AME OF CEMETER	23D. ADI	ONLON	MENO R	IAC 7	LODPI TAR.
	A. BURIAL CREA REMOVAL (S)	AATION, 248, pecily)	117/7	1 5	DNSET	DEGREE OF CREMATOR	DUION RARIY (HENOR OCATION O BERLIN		2 MD.
	NAME (Ty	AATION, 248, pecily)	11717	24C.N 24C.N 25B. NAME	DNSET	DEGREE OF CREMATOR	ONLON	HENOR OCATION O BERLIN		LOPI VA. Dounty) IStole) R M D. ADDRESS
	A. BURIAL CREA REMOVAL (S)	AATION, 248, pecily)	117/7	1 5	DNSET	DEGREE OF CREMATOR	DUION RARIY (HENOR OCATION O BERLIN		2 MD.

Horns

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9/4/71

Borred 4/2/21 SOMEET TEARING BERLIN WAR I'M

	1	B-400 71 8417 CEDTIFICATE OF DEATH REG. NO. 71 8417
	death death eased in the Such	SIRTH NO.
	f de ecea on h. S	(Type or Print) 9da, M. Bell 9/6/7/ 15 P.
	SS (S)	A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C.CITY OR TOWN D. INSIDE CITY LIMITS?
	ratte ior	E. STREET AND NUMBER
	F 3 0 0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years 11 Under 1 Yr., if Under 24 Hrs.
	contribution contribution regulation is ma	WIDOWED DIVORCED 6/12/189/ last birthdoy) Months Doys Hours Min.
		dope during most of working life, even if relired)
	direct or c direct or c l; (4) Under th was in on the dec	Housewell at home Dalls hid. W. S. A.
Z		15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
TA	the the deat deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [16 yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Relliam Bell-1135 Claveland St.
POR	s a an) ced ced nda	18. 433 91 CAUSE OF DEATH
IMP	Also re of noun atte	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (DIRECTOR OF AS A CONSEQUENCE OF
8	er. Ictur proi	heart failure, osthenia, etc. It means the disease, injury or complication which coused deoff.)
CTO	kamin A fra Who regu	DISEASES OR CONDITIONS, if any, giving (B) Cerebral Cuterwselessin Lyean DUE TO, OR AS A CONSEQUENCE OF:
DIRE	(3) (3) s a s	ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
AL D	medical burns; bysicia in was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
IER.	dy dy dy he icia	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 19A-DATE OF OPERATION WAS PERFORMED 19A-DATE OF OPERATION 19R CONDITION CAUSES OF DEATH?
FUNER		
_	by the c pital by re; (2) B where t No phy d before	S DEATH (notify medical examine)
	p to to	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
	prov the t iny n exce and obta	22. I certify that (i) (this haspital) attended the deceased from 2/23 19 64 to 9/6 19/7
	t be ap sed to ant of c spital eath); ust be	that (1) (we) last saw the deceased alive on 8/30 19 7 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did not) view the body ofter death.
	leased to ident of ident of hospital o death)	23A-SIGNATURE 23B. DATE SIGNED
	E 0 0 0 + 0	23C/PHYSICIAN'S NAME (Type) 23D. ADDRESS Attending Med. Director Phys. 9/7/7/
	certificate m body was rel vs: (1) An acc b.O.A. at a l assed prior te	JOHN P. URLOCK Ja MIN 1227 WASHINGTON 132012
	F-200 -	REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Slote)
	the bod the bod shows: was D. decease	Bureal 9/10/9/ Western Gam. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS
	F 7 7 7 7 7	SEP 7 1971 Robert E Jaken KB O John Coman & Son Inc. Hollins St

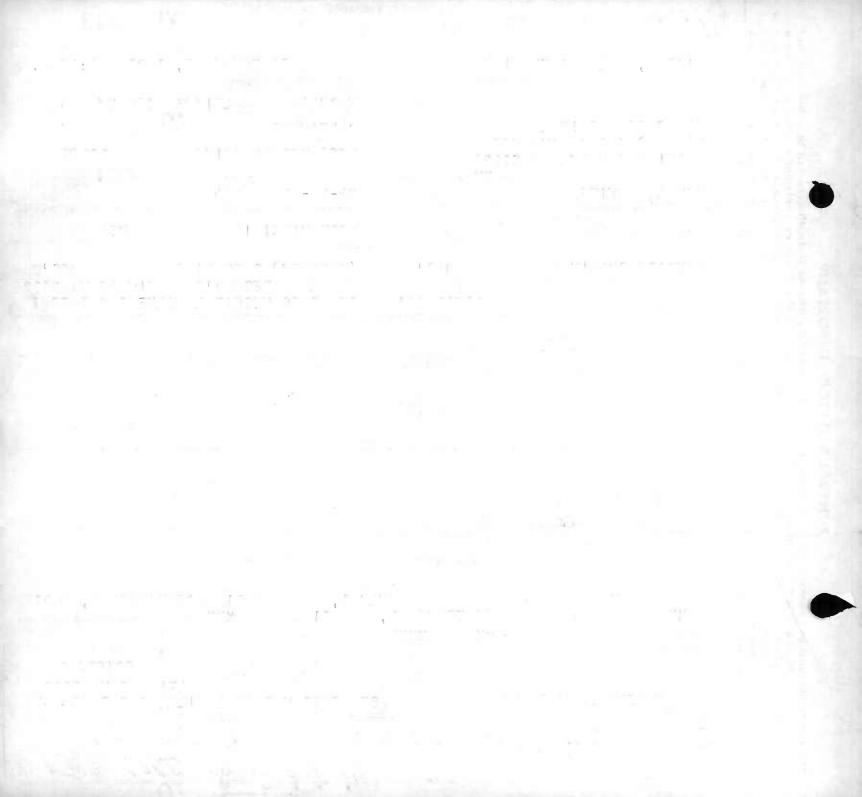


FUNERAL DIRECTOR: IMPORTANT

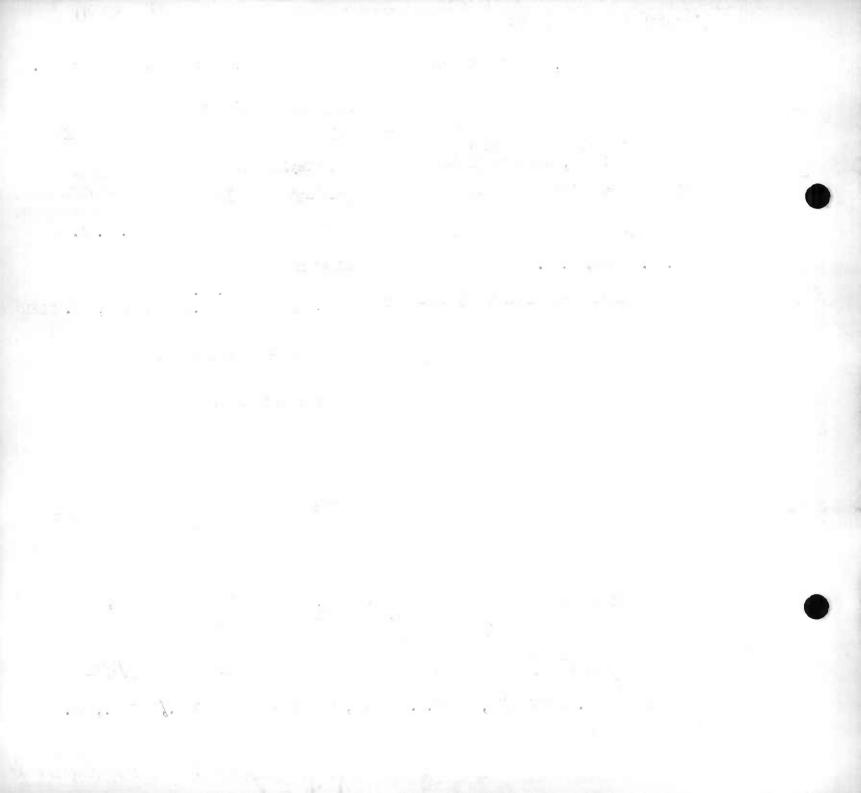
162 74 DAIL BALTIMORE CIT	Y HEALTH DEPARTMENT							
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.							
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
(Type or Print) Defferson, Lonzo	0/2/							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Maryland 103							
IN3110110N	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Maryland General Hospital	Ballimore YES M NO							
and funding the second	E. STREET AND NUMBER 2611 Eastern Aue							
5. SEX 6. RACE 7. MARRIED 7. NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr. If Under 24 Hi Months Doys Hours Min.							
Males Caucasian WIDOWED DIVORCED	1 12/2/13 57							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT							
done during most of working life, even if refired) Welder Steel								
Welder Steel	S.C., U.S.A.							
1	14. MOTHER'S MAIDEN NAME							
John Jefferson	Annie Bowen							
5 Was Descend Fundant II S And E. 2	17. INFORMANT / 2 C ADDRESS							
(Tes, no of Unknown) (If yes, give wor at doles of service) SECURITY NO.	Mrs. Mary Vetterson							
No 347-03-6504	2611 Fastern Ave Baltiman M.							
18. 4/0. 9 1 /67 / CAUSE OF DEAT								
DISEASE OR CONDITION DIRECTLY A ACULE MYRCAN CLASS ETWEEN ONSET AND DEATH								
LEADING TO DEATH								
	A CONSEQUENCE OF:							
heart loilure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Coronagy Thrombosis hours							
ANTECEDENT CAUSES	in a sold in a sold in the							
(0)	amonto							
	A CONSEQUENCE OF:							
rise to the above cause (A) stating the UNDERLYING CONDITION last.	me secur disease years							
(6)	······································							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	genie Caremony werm Carens mole							
▼ [DISEASE OR CONDITION GIVEN IN PART 1 (A).	######################################							
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED (ANGRENE L) LEG	20A-AUTOPSY? IYes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
GANGRENE () LEG	1123							
U 21A/ACCIDENT WAS UNDERLYING 21R PLACE OF INJURY Indignation of Contributing Cause of home, form, foctory, street, of	n or about 21 C. WHERE DID (If in Baltimore City, give exact location)							
OR CONTRIBUTING CAUSE OF home, torm, toctory, street, of elc.	WAS AND A COOK							
O 21D-TIME (Month) (Doy) Went (Hour) 21E INTURY OCCURRED	21F HOW DID INTURY OCCUR							
S OF INJURI	21F. HOW DID INJURY OCCUR?							
(APPROX.) While Al Work At Work								
22. I certify that (1) (this hospital) attended the deceased from \$\frac{1}{7}\$ 19 7 1 ta 9/3 19 71								
that (i) (we) lost sow the deceased alive an 9/2	and the second s							
	the desired and the desired and the de							
and haur and fram the couses stoted above. (1) (We) (did) (did not) v	lew the body ofter deoth.							
23A. SIGNATURE	23 B. DATE SIGNED							
	anding Med. Shaff 9/3/17/							
23C. PHYSICIAN'S	s. Pl Director Phys. //3/7/ 23D. ADDRESS							
NAME (Type) CLAKENCE W. LCDOUXMO	2 (c : 1 + 62 A / 6							
1	3023 EASTERN AVE BALTIMUKE A							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stotol							
SFD 7 117 (Laber E. Nome of REGISTRAR	Nicholds T. Matthews ADDRESS							
YET BY	1 3021 Ebstern Ave. Baitimore Me							
S 150-REV- 1/1/68								

Contraction on the said Bedeen warred a hospital and

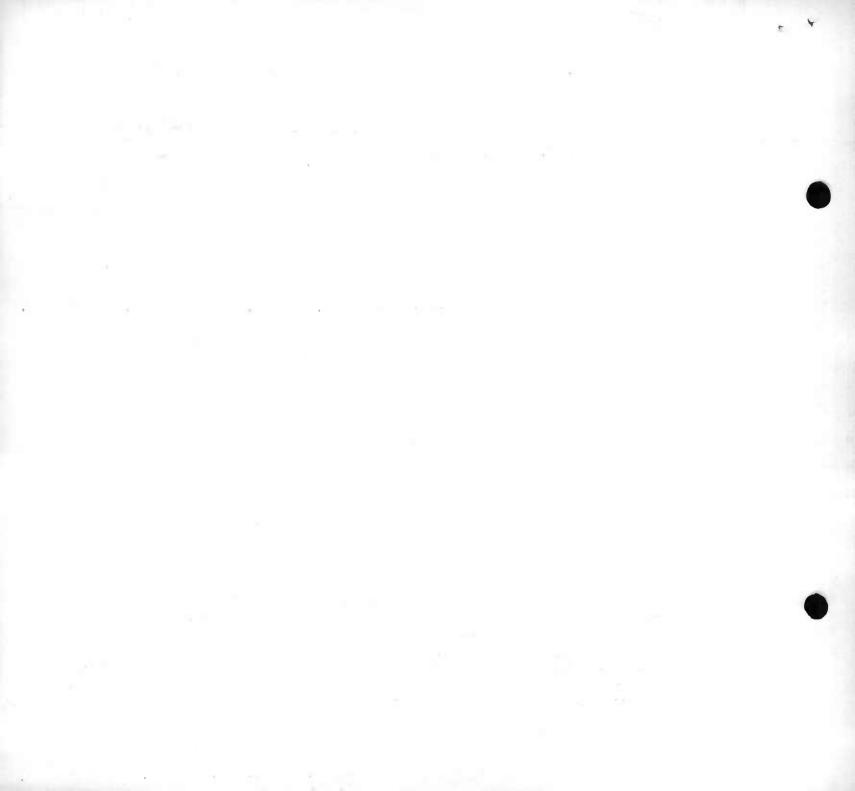
11-241)	BALTIMORE CITY	HEALTH DEPARTMENT		4 0440
BIRTH NO. 71 8419	CERTIFICA	TE OF DEATH	REG. NO.	1 8419
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
NISSEL, HELEN CATHERI				1971 2:15 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. CO	Where deceased lived, If OUNTY	institution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND	BALTIMORE	COUNTY
ST AGNES HOSPITAL		BALTIMORE	D. IN	SIDE CITY LIMITS?
WILKENS & CATONAVENUE	S		:D	YES NO 🖔
BALTIMORE MARYLAND 21	_	2 006 KERN	AN DRIVE	21207
	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	II Under 1 Yr., If Under 24 Hrs.
FEMALE WHITE WIDOW	ED DIVORCED	04-26-97	lost birthdoy)	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife A	Home	WEST VIRG	INIA	USA
L FATHER'S NAME	77.7.0	14. MOTHER'S MAIDEN	NAME	
PATRICK SULLIVAN	DEC *D	(MAHONEY)	CATHERINE	DEC 1D
. Was Decessed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL			LTIMORPEMD 21229
NO	219126391			LKENS & CATON
18. / 5 // / 1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0	1 .	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Kestmat	on tailer	e 11/16/2
IThis does not mean the mode of dying, a heart failure, asthenia, etc. It means the disea	DIE TO OP AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	0	. 0	1	
ANTECEDENT CAUSES	(e) Ca.	of Kectic	m - Arterios	clert
DISEASES OR CONDITIONS, if any, givi		A CONSEQUENCE OF:	heart	disegue anto
rise to the above cause (A) staling (UNDERLYING CONDITION last,	(C)		- therry	in Thurane anta.
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G			
DISEASE OR CONDITION GIVEN IN PART + (A).				
194 DATE OF OPERATION 198 CONDITION FO	2 0	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
121A ACCIDENT WAS UNDERLYING	LLET CUIT 21B PLACE OF INJURY (e.g., in	NO) (If In Baltima	re City, give exact location!
OR CONTRIBUTING CAUSE OF	nome, form, foctory, street, of	fice bldg., INJURY OCCUR	in in comme	tre City, give exact location;
	TE INJURY OCCURRED	215 110111 212		
OF INJURY	While At Not While		INJURY OCCUR?	
	TOIR - AT TOIR			
22. I certify that () (this hospital) attended				TEMBER 7, 19 71
that XIX (we) last sow the deceased alive of	SEPTEMBER 7,	19 <u>71</u> and	that in km/k) (our) op	Inion death occurred on the date
and hour and from the causes stated above.	(1))(We) (did) (XiX)6)4 v	lew the body after dec	th.	
23A. 51GHATURE				23 B. DATE SIGNED
James durest				
	n · Well Atte	nding Med. Director	Stoff Phys.	09/07/71
23C.PHYSICIAN'S NAME (Type)	OECREE Phys	Med. Director 23D. ADDRESS	Staff Phys. BALT	
23C-PHYSICIAN'S NAME (Type) QURESHI PARVEEN MD	OEGREE Phys	Director L	BALT SPITAL WILK	
QURESHI PARVEEN MD	Phys	ST AGNES HOS	BALT SPITAL WILK	IMORE MD 21229
QURESHI PARVEEN MD	NAME of CEMETERY OF CAR	Director L 23D. ADDRESS ST AGNES HO:	BALT SPITAL WILK	IMORE MD 21229 LENS & CATON AVE Lity, town, or county) (State)
QURESHI PARVEEN MD 44-BURIAL CREMATION, 246, DATE 24C, PREMOVAL (Specily) 54. DATE REC'D BY HEALTH DEPT. 258, NAM	NAME OF CEMETERY OF CERT	Director L 23D. ADDRESS ST AGNES HO:	BALT SPITAL WILK DALTO	IMORE MD 21229 LENS & CATON AVE Lity, town, or county) (State)
QURESHI PARVEEN MD AA-BURIAL CREMATION, 24B. DATE 24C. PEMOVAL (Specily) 9-/0-71 SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	NAME OF CEMETERY OF CER	Director L 23D. ADDRESS ST AGNES HO:	BALT SPITAL WILK DALTO	IMORE MD 21229 LENS & CATON AVE Lity, town, or county) (Stote)



B-2	50 71 80	120		HEALTH DEPARTMENT	X REG. NO	71 842	30
INAME OF D	DECEASED		CERTIFICA		ND HOUR OF DEAT		
(Type or Print)	BACON, E	UCENE	HAYWARD	2. DATE AT	September		6:30 P.
3. PLACE IN B	ALTIMORE MARYLAND, W			4. USUAL RESIDENCE (Whe	ere deceased lived. II		
FULL NAME (OF (IF NOT IN HOSPIT	AL OR INST	TTUTION, GIVE STREET		ltimore	5	300
NOITUTION	Veterans Admi	nistra	ation Hospital		D. IN	ISIDE CITY LIMITS?	
23	3900 Loch Ray		-	Baltimore E. STREET AND NUMBER		YES	иоЖ
0	Baltimore, Ma						
5. SEX	6. RACE			2810 Taylor			
Male	Caucasian	WIDOWE		12-29-22	9. AGE (In years lost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
done during most	CUPATION (Give kind of work of working life, even if retired)	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF	WHAT COUNTRY?
Teac		2	chool	Maryland		U.S.	A .
13. FATHER'S N		7	Chook	14. MOTHER'S MAIDEN NA	AAE	0.00	42.6
	M. Bacon, M. D.			Lillian Hayw	ard		
15. Was Deceas (Yes, no or unknown	ed Ever in U. S. Armed Fore	s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT RECOR	ds V. A. Ho	ospital ADDR	ESS
Yes	2-16-43 to 3	3-25-46	6 218-18-3267	3900 Loch Rave			Md. 21218
1 / / /	ASE OR CONDITION DIR	ECTLY	CAUSE OF DEATH			APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
(This does	LEADING TO DEATH	D CARCINOM	ATOSIS				
hearl foilur	(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease,						
injury or c	injury or complication which coused death.)						
	ANTECEDENT CAUSES		(B)	CEREBRAL	EDEMA		
DISEASES	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
INDERLYII	rise to the obove couse (A) stoling the UNDERLYING CONDITION last, (C)						
			(c)				
FIO THE DE	II HIFICANT CONDITIONS CON ATH BUT NOT RELATED TO TH	E TERMINA					
19A. DATE	CONDITION GIVEN IN PART OF OPERATION 198 CON	I (A).	WHICH OPERATION	20A. AUTOPSY7 (Yes or No	208 IF YES WEDS	FINDINGS CONSI	DESED
19A-DATE (WAS PERF	ORMED		Yes		AUSES OF DEATH?	
U 21A. ACCID	ENT WAS UNDERLYING	21	IR PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	III to Rolling	ere City, give exact I	Yes
DEATH (not	BUTING CAUSE OF	he	eme, form, foctory, street, off c.)	ice bldg., INJURY OCCUR?	pr in bottim	bra City, give exoct t	ocotion;
21 D. TIME OF INJURY	(Month) (Doy) (Year)		E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		W W	/hile At Not While				
22. 1 certif	fy that (X)(this hospital)			June 3.	277 Sout	amb an I	- (72
that XX (we	e) lost saw the decease	d alive an	September 4,	19 71 ond the	of In Town (our) op		
ond hour o	nd from the couses state	ed above.	(Me) (qiq) (qiq) vi	ew the body ofter deoth.			
23A. SIGNAT	TURE	1/				23 B. DATE SIGNI	ED
V	sental 2	an a	After	iding Med.	Shoff N	9/5/73	1
23C. PHYSIC	lan's	1	DEGREE Phys.	Director SD. ADDRESS			<u> </u>
NAME	(Type)	U					
24A. BUBIAL CO	JOSEPH B. SAPI		DEGREE	VAH, 3900 Loch	Raven Blvd,	Balto.	Md.
BEMOVAL	Specily) 24B. DATE	24Ç.	NAME OF CEMETERY OF CRE	MAIORY 24D. LO	CATION	lown or sounty	(Stote)
DURIA 25A. DATE REC		1 0		11040	D	DAL VIMOR	
SEP	7 1977 Cade		OF REGISTRAR	25C EUNERAL DIRECTOR	AMU & SOM	8802 1	HORFORD R
VS 150-REV. 1/1	/68	. 9	7 1 1	TIME IN	אייי ו טווא	00 1	יאין וטאין ול



4	70 o z	D UND FIA CAGA	E OF DEATH REG. No							
_	death death seased on the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
	se of de (5) Decendance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4	September 6, 77 M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY							
h occurred in a hospita	a hos cause se; (5) andand to de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 26/0 C.CITY OR TOWN D. INSIDE CITY LIMITS?							
	ting cauding cause; at attend prior to e.	The state of the s	Baltimorie YES NO							
	- 208 0		443 N. Clinton Street DATE OF BIRTH 19. AGE (In veors If Under 1 YG., If Under 24 Hiss.)							
	contrib contrib letermin in regul eceased on is ma	M WIDOWED DIVORCED	12/25/198 last birthday) Months Doys Hours Min.							
٠.	9 7 9 9 1	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, done during most of working life, even if reflect) (ab Driver Self	New York 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA							
i	was the	13. FATHER'S NAME	L MOTHER'S MAIDEN NAME							
5	d; (4)	Vke Balsam	Bessie ?							
4	B _ B B O _	(Tes, no or unknown) (If yes, give wor or doles of sorvice) SECURITY NO.	ADDRESS							
2	X -> - 5 -	18. CAUSE OF DEATH	1 Mrs. Mary F. Balsam 443 N. Clinton St.							
MPORTANT his assistant		DISEASE OR CONDITION DIRECTLY								
≤ ;	A Plant	LEADING TO DEATH (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:								
7: -	9 2 4 2 8 6 1	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)								
0		ANTECEDENT CAUSES (B)								
DIRECTOR:	e X O C B	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.	CONSEQUENCE OF:							
-	dica dica urns; ysici was mai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
FUNERAL	ENGO	Size of Condition Given in Part 1 (A).	20A. AUTOPSYZ (Yos or No) 20B. IP YES. WERE FINDINGS CONSIDERED							
Z	Bod the the the th	WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
E	6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR CONTRIBUTING CALLER OF	or about 21C. WHERE DID (If In Bolttmore City, give exect location) e bidg., INJURY OCCUR?							
-	- 4 - 6	DEATH (natify medical examined) 21D. TIME (Manth) (Doy) (Yeor) (Hour) OF INJURY While At The Not While Indian Processing Street Control of the	21F. HOW DID INJURY OCCUR?							
	2 - 2 - 2	(APPROX.) Work At Work								
	000.0	22. I certify that (1) (this hospital) attended the deceased fram	19 7/ ta 9/6 19 7/ 19 and that In(my) (cor) optimal death occurred an the date							
be approv	assed to dent of ospital death); must be	and have and from the causes stated above. (1) (We) (did) (did-not) view								
-	inst be deased to ident of hospital by death)	23A SIGNATURE A A C	23B. DATE SIGNED							
	EOUBTO	Henry House Phys. 23C.PHYSICIAN'S NAME (Type) 123D	ing Med. Shoff Director Phys. 9/7/7/							
	Inis certificate the body was rishows: (1) An awas D.O.A. at deceased prior written approv	MENRY J. HOUSKA DECISES	333 S. EAST AVE BALTOMORIA							
	This certification of the body shows: (1) was D.O. deceased written a	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATE PROPERTY OF CREMATE PROPERTY OF CREMATERY O								
	This cert the body shows: (1 was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	ry Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS							
ī	*## * 4 *	SEP 7 1971 Robert E. Jabon M.D.	John A. Moran, Inc. 3000 E. "altimore St.							
		VS 150-REV. 1/1/68								



11 2/2 514	BALTIMORE CITY	HEALTH DEPARTMENT					
L-260 71 8422	CERTIFICA	TE OF DEATH	REG. NO. 71	8422			
(Type or Print) LESSER,	MAX	2. DATE AND HO Sept.	UR OF DEATH	I 11.30 A.,			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4 USUAL RESIDENCE (Where deci	cased lived. If institution	on: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ITION, GIVE STREET L Hospital	MD Bach	p. Inside Ci	ity 15/2			
union Memoria		Baltimore	YES				
442 nd b, calvert	Sr.	E. STREET AND NUMBER					
33	21218	3514 Gree	nopring	Ave. 21211			
Male White WIDOWED		11-15-1880	ithdoy) Mon	Under 1 Yr. If Under 24 Hrs. ths Doys Haurs Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign cou	untry) 12.	CITIZEN OF WHAT COUNTRY			
done during most of working life, even if refired)		Lithuani	a 1	Amortican			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
HYMAN LESSE	R	SARAH					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Tes, no or unknown) (If yes, give war or dates of service)	218-14-033	Hosp CR	Kin				
18. 162.11	CAUSE OF DEATH			APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY		1 6 00		BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAU	spenie tumo	nary oede	ma.			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	7				
injury or camplication which caused death.)		1-	- 64				
ANTECEDENT CAUSES	100 CRNO	estive Heart	Failur	4			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Car	cinoma li	1160				
11	(0)			****			
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	See	ondaries	V	••••••••••••••			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1794 DATE OF OPERATION 1798 CONDITION FOR WAS PERFORMED 214 A CCIDENT WAS UNDERLYING 1	HICH OPERATION	20A-AUTOPSYZ (Yes or Not 20B. IN C	IF YES, WERE FINDIN	IGS CONSIDERED OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	PLACE OF INJURY (e.g., in a, farm, factory, street, off	or obout 21C. WHERE DID	(If In Boltimore City,	give exact location)			
OF INJURY (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJURY O	CCURT				
(APPROX) White	Not White						
22. I certify that (1) (this hospital) attended the	22. I certify that (i) (this hospital) attended the deceased from $9-3-1971$ to $9-4-1971$						
that (i) (we) last saw the deceased alive on	9-4-	19.7 and that In (my) (our) opinion d	leoth occurred on the date			
and hour and from the causes stated above. (1)	and hour and from the causes stated abave. (1) (Me) (did) (did not) view the body after death.						
23A. SIGNATURE	1		23 B. E	DATE SIGNED			
S. p. Deso	DEGREE Phys	Med. Staff Phys.					
23C-PHYSICIAN'S S. J. DES	AI 2	3D. ADDRESS WICH MOM	orial t	tospital.			
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME OF CEMETERY OF CRE			21219			
REMOVAL (Specify)	Red Look		The (City, town	n, or county) (State)			
25A. DATE REC'D BY HEALTH DEPTS 25B. NAME OF		25C. FUNERAL DIRECTOR	Jour Contract of the Contract	O ADDRESS /			
SEP 7 1971 Valent E. Jabes	ALD.	Sylvan Lein	a Son 9610	Resolver			
VS 150-PEV 1/1/49							

56-38-13 csk	D-200 71 8423 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 8423	
5 + 6 + c	DIKITI NO.	
of death of death Deceased ce on the	1. NAME OF DECEASED (Type or Print) Harry L. Quick 2. Date and Hour of Death 9/5/7/ 100	30 p
ath Dot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whole deceased lived, Il institution: residence bold A. STATE 8. COUNTY	ore odmission)
a hosp ause e; (5) adance o dea	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! (C. CITY OR TOWN D. INSIDE CITY LIMITS?	36
ng caus	Baltimore City Hospitels 4940 Eastern Ave. Baltimore, Md. 21224 Baltimore VES No E. STREET AND NUMBER 62-06 Elliott St.	
ded de de	5-, 40, 7-, 21224 007	,
occurre intribution regular ased passed	Male White MARRIED NEVER MARRIED 6. DATE OF BIRTH 9. AGE (in years lost birthday) Months Days Hou	Under 24 Hrs.
or co Indete s in r dece	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) LECTRIC TECH. Virginia 12. CITIZEN OF WH. Virginia U.S.A.	
if d rect (4) U wa the spos	13. FATHER'S NAME LOUIS GUICK 14. MOTHER'S MAIDEN NAME GEORGIA Sinne	2 tt
the di kind; death nce on final di	15. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yos, give wor or doles of service) Yes W.T. 16. SOCIAL SECURITY NO. 223-12-1380 BCH Records: Pollationers Md 21224	
dan dan	Baltimore, Md. 21224	TE INTERVAL
0 0 5	DISEASE OR CONDITION DIRECTLY	SET AND DEATH
onoun r atte	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease. (A) IMMEDIATE CAUSE My ocardial (user tron) P (user t	LUS
200	hearl failure, asthenia, etc. it means the disease, injury ar camplicolian which caused death.)	
0 0 0	DISEASES OR CONDITIONS, if any, giving (B) Past history of MI's DUE TO, OR AS A CONSEQUENCE OF:	
070	DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the	
was ir	UNDERLYING CONDITION last. (c)	
main	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
re	E 10 THE DEATH BUT NOT RELATED TO THE TERMINAL	
÷	19A- DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	D
efore	U 21A. ACCIDENT WAS UNDERLYING	
pe	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR?	
3		
8	Work At Work	
obta	22. I certify that (i) (this hospital) attended the deceosed fram 9-5-71 19 to 9-5-71	_19
eath), ust be	and that in (my) (our) opinion death occurred	on the dote
must	and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE	/
5 E	Phys. Attending Med. Stuff 238, DATE SIGNED 238, DATE SIGNED 238, DATE SIGNED 26 / 6 / 8	7/
>	23C. PHYSICIAN'S NAME (Typo) P. Kurzweil M.D. 23D. ADDRESS 4940 Eastern Ave. Baltimore, Mo	1. 21224
approv	P. Kurzweil Marcon Baltimore City Hosp	
8	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stotol
written	DUNIA 19171 CHURCH CEMETERY GREEN WOOD	VA.
written a	SA, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ELICATOR ELICATOR	City m
	SEP 7 WIN WARE COME, THE ON HIGH BOTTOM - Sport DILLEN	210612

Burnet Will the second of the the state of the s

10/8/71 - Letter from M.E.O.

to require direct

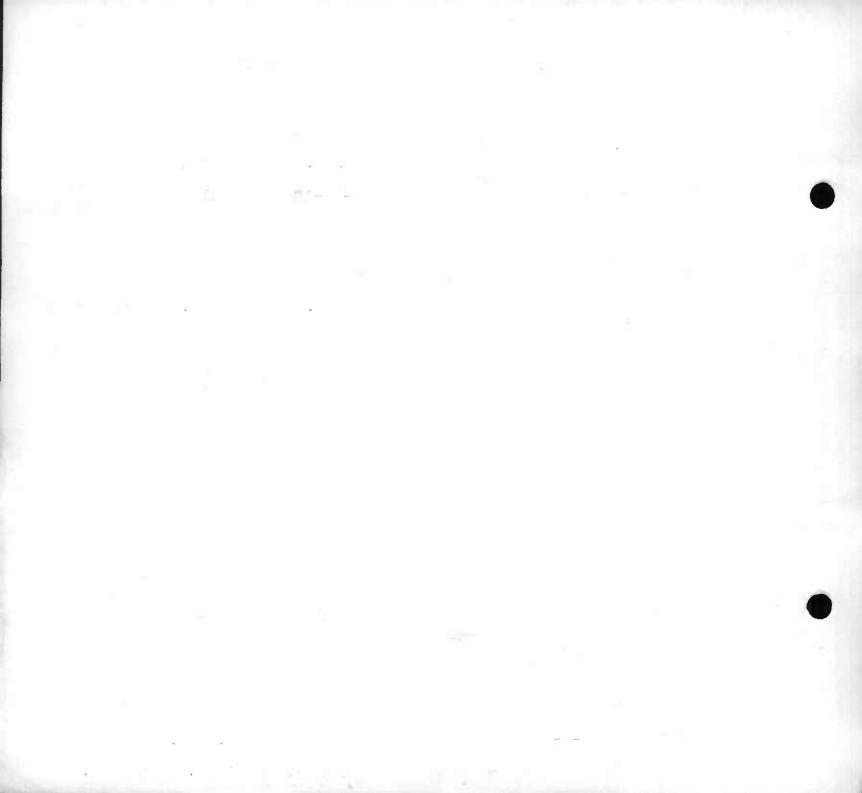
and the part of the state of th

50 and other states

	6568 1/1/1	CATE OF DEATH REG. NO. 7/1 0.495					
1	NAME OF DECEASED	CATE OF DEATH REG. NO. 71 8425 12. DATE AND HOUR OF DEATH					
11.	ype or Printle WINFIELD F. Foote	957) 3:58 AM					
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) B. COUNTY					
1111	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN ID INSIDE CITY HAITS?					
F	A I	D. INSIDE CITY LIMITS?					
	LOUNS HOPKINS HOSPITAL	E. STREET AND NUMBER 2418 N. CALVERT ST 21218					
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours; Min.					
10	MIDOWED DIVORCED DIVO	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
g c	Total Working life, even il retired Returned Returned FATHER'S NAME	USA					
1	14/ LASS	14. MOTHER'S MAIDEN NAME					
15	Win FIGLD Wos Deceased Ever in U. S. Armed Forces? es, no of unknown) [If yes, give war of dates of service] SECURITY NO.	17. INFORMANT ADDRESS					
l (Y	10	C11-AA					
1	18. CAUSE OF DE	ATH APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
ľ	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CO.	CAUSE Probable Sepsis 24-by AS A CONSEQUENCE OF:					
	heart toilure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:					
	ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:					
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	AS A CONSEQUENCE OF:					
	II A						
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	erosis, congestive heart fectore					
ERTIFIC	19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED GUMBLUSUS	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CALC	OR CONTRIBUTING CAUSE OF 11 21B. PLACE OF INJURY IS.	go in or obout 21C. WHERE DID (If In Boltimore City, give exect location) office bldg., INJURY OCCUR?					
100		21F. HOW DID INJURY OCCUR?					
×	(APPROX.) White At Not Work At Wo	/hite					
	22. I certify that (I) (this hospital) attended the deceased from Otto Bug 14 19 11 to Sept 4 19						
	and hour and from the causes stated above. (1) (We) (did) (did not	and that in (my) (our) opinion death occurred on the date					
	23A. SIGNATURE	23B, PATE SIGNED					
	Degree P	Attending Med. Staff Phys. Staff Och 5 1971					
	23C. PHYSICIAN'S NAME LYPPE JOHN LUCIAN DAVIS, MD	Joshus Hoplain Hospital					
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF (
1	Buriel 9/8/71 1/4 Huburn	Cem Bath Ma					
11	SEP 7 1971 Vaber E. Jaber M.D.	25C, FUNERAL DIRECTOR ADDRESS 1/40. C. MARCH (228 V. + 1)					
1	150 PEV 1/1/48	VYM CNARCH 928ENUTTA					



I-14	2 71 8	400		HEALTH DEPARTMENT		174 0	100	
DIKITI IVO.		426	CERTIFICA	TE OF DEATH	REG. NO	11 8	126	
1. NAME OF D (Type or Print)	George F	. Evan	a		ND HOUR OF DEAT	Н		
3. PLACE IN B	BALTIMORE MARYLAND,			4. USUAL RESIDENCE (Wh	ere deceased lived, If	institution: resider	nce before admission	
FULL NAME (OF (IF NOT IN HOSPI	TAL OR INSTITU	IDON CIVE STREET	A. STATE B. COU	NIY		1001	
HOSPITAL OR	ADDRESS OR LOC	ATION)	THON, GIVE STREET	Maryland c. City of town	D. 1N	ISIDE CITY LIMITS	7001	
00				Baltimore		YES 🗌	NO	
0070	02 E. Biddle	Street	t	E. STREET AND NUMBER				
5. SEX	1/ 2005	1-		702 E. Bide				
	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Y Months Doy	s Hours Min.	
Male	Negro	WIDOWED		4-15-10 11. BIRTHPLACE (Stote or for	61			
done during most	of working life, even if rstirsd]	I I I I I I I I I I I I I I I I I I I	BOSINESS OK INDUSIKI	Virginia	eigh counliy!	12. CITIZEN	OF WHAT COUNTR	
3. FATHER'S N	NAME			14. MOTHER'S MAIDEN NA	ME			
Too	Evans			Annie Ridle	3.77			
5. Wos Deceas	sed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	3 y	ADI	DRESS	
res, no or unkno	own) ut yes, give wor or dol	os of service)	SECURITY NO.	Manne M. 71	700 F	77.1.1.7.7.	Q.L.	
18.	9 7 1		CAUSE OF DEAT	Mary M. Evar	18 702 E.		PROXIMATE INTERVAL	
10	A RETWEEN ONSET							
	LEADING TO DEATH		CONTRACTOR CALL	anoma of Fung			6 mo.	
(This does	(This does not mean the mode of dying, e.g., (A)IMMEDIATE CAUSE							
injury or c	heort failure, asthenio, etc. Il means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSES		4-3		~			
DISEASES OR CONDITIONS, if ony, giving								
	live to the above cause (A) stating the							
UNDERLYING CONDITION (ast, (C)								
OTHER SIGN	NIFICANT CONDITIONS CO	NTRIBUTING						
IO THE DE	ATH BUT NOT RELATED TO T	HE TERMINAL	******************	**************				
19A. DATE	OF OPERATION 198 CON WAS PER	IDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CON AUSES OF DEAT	ISIDERED H?	
OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF	218, home elc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltim	ore City, give exe	ct locotion)	
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour 21 E	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROXI		Whil	Not While	יח ו				
22. 1 certi	22. I certify that (I) (this inspital) attended the deceased from 7 - // 19 7/ to 8 - 5 19 7/							
) lost sow the decease		8-5	19 7/ and th	hat In (my) (see) or	Inlan death		
				lew the bady after death.	The same of the sa	HINION GOOTH OC	curred an the dat	
23A. SIGNA		ten andae. (1)	fuel fore) (are ust) A	lew the bady after death.		238, DATE SIG	NED	
	7 1 / B)	Delur	Atte	nding Med.	Staff [7]	9/3/	NED	
23C. PHYSIC	IAN'S	week C	DEGREE ""	Director L	Staff Phys.	7/2/	11	
NAME	Typel W. L. R.	AMSEL	IR	Baltomo	re City	Hosp.		
REMOVAL	REMATION, 24B, DATE	24C.NA	ME of CEMETERY of CRE	MATORY 24D. L	OCATION 0	City, town, or cou	nty) (Stote)	
Burial	9-7-	71 Mt .	Auburn Ceme	terv R	alto., Md.			
SA. DATE REC	D BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIRECTO			DDRESS	
SEP	7 The Robe	& En Factor	Colde Mi	Vm Q March	928 E.	North A	v 0 .	
/S 150-REV. 1/	11/68		7					

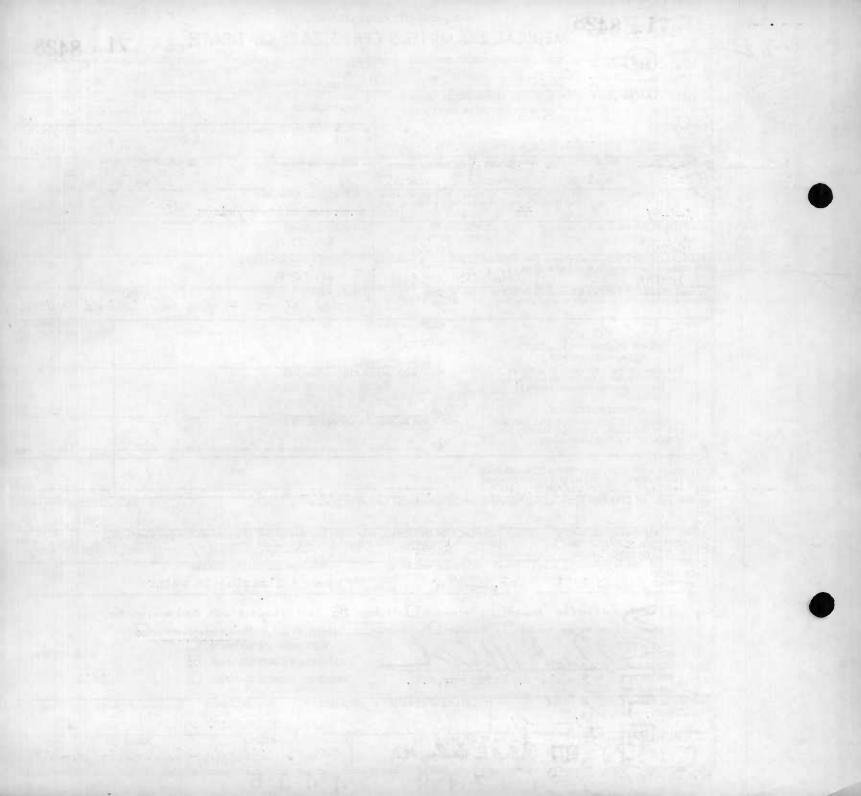


VS 150-REV. 1/1/68



	71	842	8	NCAI	BALTIMORE CITY HE				X			
RI	RTH NO.		MEL	JICAI	EXAMINER'S	LEKTIFI	CATEO	F DEAT	H REG. NO.	71	9.4	28
	NAME OF DEC	EASED				2. DATE	Known 🗆	Month	Doy	Year	lu	100
(Ту	pe or Print)	JAN	OLECZ	ZEK		OF	Estimoted [Боу	Tear	Hour	
4.	PLACE IN BALT				RONOUNCED DEAD	DEATH 3. DATE	Esimoled E	Month	Doy	Yeor	Hour	М.
FU	ILL NAME OF OSPITAL RINSTITUTION				TITUTION, GIVE STREET	PRONOI	UNCED DEAD	August	30,	1971	1 9:1	
1			701 Pa	tapsc	o Avenue	A. STATE	ESIDENCE (Who	ere deceosed in	B. COUNTY	Po1a	-	mission)
6.	SEX	7. RACE		8. MARI	RIED A NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS	3	
	Male	Whi	te	WIDOV	VED DIVORCED	Gda	nsk		Y	ES 🗌	NO 🗆	
9.	DATE OF BIRTH		10. AGE (In lost birthdo	n yeors	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET A	ND NUMBER	∨ Smial	/ 2		va St.	
n.	Poland	ole or forel	gn country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	s NAME nknown					
don		ATION (Gi	re kind of work ven if retired)	Poli	OF BUSINESS OR INDUSTR		nknown	AME				
16. (Ye	WAS DECEASE	D EVER IN (Il yes, give	U.S. ARMED	FORCE:	S? I7. SOCIAL SECURITY NO.	18. INFORM	MANT s Briger	man-Sto	ckardSh	DDRESS	g. Ter	minal
	19.	2 1.1	Y		CAUSE OF DEA	TH TH	0				APPROXIMATE	E INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									861	TWEEN ONSE	I AND DEATH
	(This does no	t meon the	mode of dy	lng, e.g.,	(A)IMMEDIATE	AS A CONSEQ	HENCE OF					
	heart follure, injury or com	osthenia, éta plication whi	it meons the ch coused dea	olh.)	50210,00	W A COMSEM	OLIVEE OIL			9-1		
		TECCO C. M										
	DISEASES OR CONDITIONS, IF ANY, GIVING					AS A CONSEC	UENCE OF:					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF;												
20		o compil	ION LASI.		(c)							
CERTIFICATION	OTHER SIGNI TO THE DEA DISEASE OR O	TH BUT NO	RELATED TO	THE TERM	INAL							
FR	20A. DATE OF				FOR WHICH OPERATION W	AS PERFORM	ED			21. AUT	OPSY? (Ye	s or No)
Ü	2)										yes	
EDICAL	22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in							(If in Baltimore	e City, give exp	ct location	al .	
ă	UNDERLYING TOR CONTRIB- home, form, foctory, street, office bldg, etc.) INJURY OCCUR? UTING CAUSE OF DEATH. WATER Unknown											
	22D. TIME (Month) (Day) (Year) (Hour) 122F INITIAL DECLERATION 122F HOWDE INITIAL DECLERATION OF THE PROPERTY											
	(APPROX) August 1971 Ink WHILEAT A NOTWHILE Found floating in Mater											
	23.											
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion											
	resulted from: Notural causes Accident Suicide Homicide Undetermined manner											
	CHIEF MEDICAL EXAMINER											
	SIGNATU	DE 1/	red	N	16ul L	ASSIS	TANT MEDICAL	EXAMINER	$\overline{\mathbf{x}}$		DATE SI	GNED
	EXAMINE	./	Ronald	N. K	ornb1um, M.D.	•	CIATE MEDICAL			9/1	3/71	
	NAME (Ty	pe)		11.	ornorum, H. D.	7030	and mariant	mound tolk		3/-	// / I	
24.	A. BURIAL CREM MOVAL (Specify	ATION,	48. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, town,	, or county	y) (s	itote)
	Buria		10-	-71			(dansk, 1	oland		FA 45	
25	A. DATE REC'D B			258. N	AME OF REGISTRAR	25C. F	UNERAL DIREC			DRESS		
	51	EP9	1971	Kaber	BE. Faber M.D.	Jol			-6415 B		Rd	21206

VS 151-REV. 3/1/68 -



0	BALTIMORE CITY	Y HEALTH DEPARTMENT	/			
BIRTH NO: 107 900/94 0499	CERTIFICA	TE OF DEATH REG. NO.	1 8429			
1, NAME OF DECEASED (Type or Print)	TOOR WIGHT	2. DATE AND HOUR OF DEAT				
SHERRUCK. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	TODD MICHAEL	SEPTEMBER 5	institution: residence before admission)			
S. FENCE III SACIIMONG IMARIEMON, WHERE PR	SHOOKELD DIAD	4. USUAL RESIDENCE (Where deceased lived, If				
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND ANNE ARL				
иопитпен			VES NO XX			
ST AGNES HOSPI		GLEN BURNIE	YES NO KX			
CATON & WILKEN BALTIMORE, MAR	YLAND 21229	7977 CRAINMONT DRIV	/E			
	RIED NEVER MARRIED)	8. DATE OF BIRTH 9. AGE (In years last birthday)	if Under 1 Yr. It Under 24 Hrs. Months: Days Hours Min.			
	MED DIVORCED	10/22/70 last birthday)	Months Doys Hours Min.			
IDA, USUAL OCCUPATION (Give kind of work) 108, KIN			12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if reffred)						
Child		MARYLAND	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
ROBERT SHERROCK, Jr.		LYNN ABROLAT				
15. Was Deceased Ever in U. S. Anned Farces? (Yes, na ar unknown) (If yes, give war or dates of serv	lee) 16- SOCIAL SECURITY NO.	17. INFORMANT BALTO MD 21229	ADDRESS			
NO		ST AGNES! RECORDS CAT				
18. / / /	CAUSE OF DEA		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY	Mille		BETWEEN ONSET AND DEATH			
LEADING TO DEATH	ANIMMEDIATE CA	USE L'ENCUS BLEEDING 45 MINS				
(This does not mean the mode of dylng, heart failure, astheria, etc., it means the dis-	DUE TO, OR AS	A CONSEQUENCE OF:				
injury or complication which caused death.)	*					
ANTECEDENT CAUSES	EROSI.	or of VENA CAVA	1 12 HRS			
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR A	SACONSEQUENCE OF: AND RETROPERITORESE TO				
rise to the above cause (A) stating	the ANARL	SETTLE RETURNED TONES.	Tumar Man THS			
UNDERLYING CONDITION last.	(C)					
Z STATE OF THE SOUTH OF THE SOU	110	None				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI LDISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	None				
O DISEASE OF CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	120A. AUTOPSYZ (Yes of No.) 20B. IF YES. WES	RE FINDINGS CONSIDERED			
19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED HEROSTAL ACCIDENT WAS UNDERLYING		20A-AUTOPSYT (Yes or No.) 20B. IF YES, WES	CAUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTURY (A.C.	in or chart 21 C. WHERE DID //It in Rollin	nare City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, farm, factory, street, a	office bldg. INJURY OCCUR?				
210-TIME (Manth) (Day) (Year) (Haus)	215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
2 or moore	While At Not While At Wark	ile -				
(APPROX.)	Wark At Wark					
22. I certify that XIX(this hospital) attend	led the deceased from S	EPTEMBER 5 19 / 10 S	EPTEMBER 5 19 /1			
that M) (we) last sow the deceased allve	on SEPTEMBER 5	19 71 and that in (My) (our)	plinion death accurred on the date			
and hour and from the causes stated abou						
23A. SIGNATURE	A A A A A A A A A A A A A A A A A A A	3	23B. DATE SIGNED			
ma / las		lending Med. Staff. Phys.	19/1/71			
23C-PHYSICIAM'S	DEGREE Ph	23D. ADDRESS	1/3/ //			
23C. PHYSICIAN'S NAME (Type)		. 1				
TX F. W. BURT IX	. D. DEGREI		PIT AL			
REMOVAL (Specify)	IC. NAME of CEMETERY of CI		(City, town, or county) (Stote)			
Burial 9-9-1971 (Calvary Cemetery	Drums, Luzern	ne County, Penna.			
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
SEPO 1971 PARES	Ben MD	Howard H. Hubbard, 410	7 Wilkens Ave. 21229			
VS 150-REV. 171/68		A 4 A 4				

Joseph C. . Compression THE RESERVE OF THE The second of th

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 -00	BALTIMORE CITY	HEALTH DEPARTMENT	71 8430				
J 520 71 8430	CERTIFICA	TE OF DEATH REG. NO	71. 8430				
1. NAME OF DECEASED (Type or Print) JAMES, ALFRED	۷,	2. DATE AND HOUR OF DEATH	17.18 Am.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADORESS OR LOCATION)	ON, GIVE STREET	MARYLAND BALTIMORE 1348 C, CITY OR TOWN D. INSIDE CITY LIMITS?					
		BACTIMORE.	YES 🔯 · NO 🗌				
THE UNION MEMORIAL HOSP	ITAL.	E. STREET AND NUMBER 1303 MORLING AVENUE					
5. SEX 6. RACE WIDOWED 7. MARRIED 1	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-28-10 9. AGE (In years lost birthday) 6	Il Under 1 Ye. Il Under 24 Hrs. Months Oays Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 198, KIND OF BI	TELEGISTON TO SERVICE	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Security Tunker Balto	Campus	VIRGINIA.	AMERICAN.				
13. FATHER'S NAME UNKNOWN		14 MOTHER'S MAIGEN NAME UNKNOWN					
15. Was Decreased Ever in U. S. Armed Forces? (Yes, no or unknown! [ilf yes, give war or dates of service]	SOCIAL	17. INFORMANT	ADORESS				
77.	SECURITY NO.	Jesse L James 1303 Mo	rling Ave 21211				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Acute Miocardial In	farchen.				
Living ones that ittend the fillow of childs of the DDE IO' OS VZ V CONZECTIENCE OF							
injury or complication which caused death.)	heart failure, osthenia, etc. it means the disease, injury or complication which caused death.)						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, If ony, giving ORONARY LOSUFFICIENCY. DUE TO, OR AS A CONSEQUENCE OF:							
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: Arfenosclust Causa Discoular disease							
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	Clustes Cardo Diascular a	lifeast					
	(-)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	4						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B-CONDITION FOR WH WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 [21B, PL	ICH OPERATION	20A. AUTOPST? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., i form, foctory, street, of		ore City, give exact location)				
OF INJURY (Month) (Doy) (Year) (Hous) 21E, IN While	JURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) While Work	At Work	• 🗆 📗					
22. I certify that (I) (this hospital) attended the		9-J 19/1to 9	- 7 19 //				
that (i) (we) lost sow the deceased alive on	S-7	\mathcal{I}	pinion deoth occurred on the dote				
and hour and from the couses stated above. (i) (We) (did) (did not) y	lew the body ofter deoth.					
23A. SIGNATURE			23B, OATE SIGNED				
Julio Hyvana	i Dina	anding Med. Staff Phys.	9-7-71.				
23C. PHYSICIAN'S NAME (Type) Jucio A. DETO M.D.	DEGREE	23D. ADDRESS THE UNION MENLORIAL	· HOSPITAL				
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE OF CRI		City, town, or county) (State)				
B urial 9/10/71 Lorr	aine Park						
254 DATE BECOD BY HEALTH DEPT. 268 NAME OF		25C. FUNERAL DIRECTOR	ADDRESS				
SEP 9 1971 Paters E. Jaster, M	hou.	Donovan Funeral Home	3818 Roland Ave				
VS 150-REV. 1/1/68	1 0						



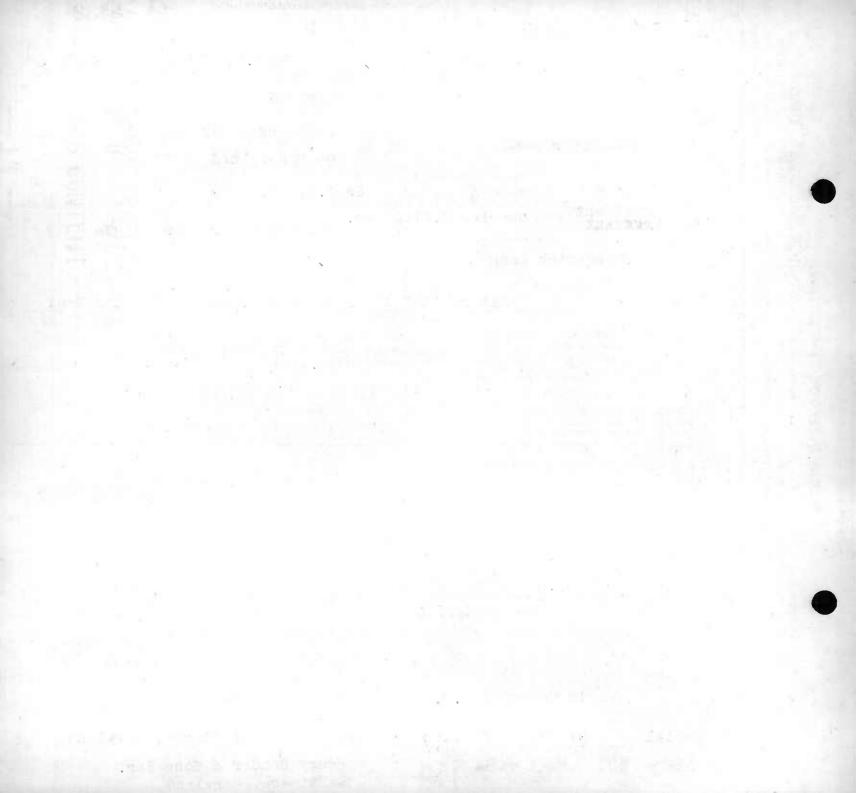
BIRTH NO. I. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION HOSPITAL OR ADDRESS OR LOCATION) BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, II institution: residence belore admission) A. STATE B. COUNTY M. C. CITY OR TOWN D. INSIDE CITY LIMITS? YES A NO
Type or Print TORE PETER P. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
VES NO THE THE NOT
BACTIMORE, MD. & 21215. 4208 GARRISON BLVD#15.
5. SEX OF BIRTH OF BI
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working lile, even if refired) Automobile Repairman West End Body and Latvia 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of doles of service) No None 16. SOCIAL SECURITY NO. 216-09-8608 A Mr. Harry Berger Baltimore, Maryland
18. 4. 12. 4 APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY ATERO SCLEROTIC BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dwing and (A) IMMEDIATE CAUSE CARDID VASCILLAR DISEASE VEARS (A) IMMEDIATE CAUSE CARDID VASCILLAR DISEASE VEARS
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,
injury at complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
LINE OF THE CONTROLL AND SIGNING THE
UNDERLYING CONDITION TOSK, (c) LIVER FAILURE UNIVER
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (IVEN IN PART) (A)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The result of the second of th
OR CONTRIBUTING CAUSE OF hame, form, factory, street, office bldg. INJURY OCCUR?
DEATH (nadity medical examines) of the bidg. INJURY OCCUR? DEATH (nadity medical examines) OF INJURY OCCUR? OF INJURY OF INJURY OF INJURY OCCUR?
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DEATH (natify medical examiner) DEATH (natify medical examiner) DEATH
DEATH (natify medical examines) 21D.TIME OF INJURY (Month) (Doy) (Year) (Haus) 21D.TIME OF INJURY (APPROX.) 21D.TIME OF INJURY (Month) (Doy) (Year) (Haus) 21E (NJURY OCCURED OF INJURY OCCURE) 22. I certify that (I) (this hospital) attended the deceased fram 19 to 19 that (I) (we) last saw the deceased alive an 19 that other many courses and that in (my) (our) opinion deoth accurred an the date
DEATH (natify medical examines) DEATH (natify medical examines) DEATH
DEATH (natify medical examiner) DEATH (natify medical examiner) DEATH
DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) DEATH (natify medical examines) Death
DEATH (natify medical examines) DEATH (natify medical examines) DEATH
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DEATH (nasily medical examines) 21D. Time (Month) (Day) (Year) (Haus) 21E. INJURY OCCURED While At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 to 19 to 19 that (I) (we) last saw the deceased alive an 19 and that in(my) (our) opinian deoth accurred an the date and haur and fram the causes stated above. (I) (Wa) (did) (did and) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE Phys. 23D. ADDRESS DEGREE Phys. 23D. ADDRESS DEGREE Phys. 23D. ADDRESS DEGREE Phys. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 9/9/1971 Mount Olive Cemetery Baltimore, Maryland
DEATH (naily medicol exominer) 21D. Time (Month) (Doy) (Yeor) (Haus) 21E. INJURY OCCURRED While At Work At Work 19 to 19 1/ that (I) (we) last saw the deceased alive an and haur and fram the courses stated abave. (I) (We) (did) (did sat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED DEGREE Phys. D. DEGREE BALLO. DEGREE SALVEDBAL ALEATION. REMOVAL (Specifyl 1948) 24B. DATE 24C. NAME of CEMETERY at CREMATORY 24D. LOCATION (City, town, or county) (Slole)

BALLIMORE

make a second

FUNERAL DIRECTOR: IMPORTANT

V-20	BALTIMORE CITY	HEALTH DEPARTMENT	- 1	1 8432			
7-520 71 8432	CERTIFICA	TE OF DEATH	REG. NO	- OZOG			
1. NAME OF DECEASED (Type or Print) Amelia Lang King		Sept	.3,1971	1 6:00 P M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)		A. USUAL RESIDENCE (WA. STATE B. COU	JNTY	IDE CITY LIMITS?			
00 104 Upnor Road		Baltimore E. STREET AND NUMBER		YES NO NO			
		164 Upnor	Road.	If Under 1 Yr., If Under 24 Hrs.			
F W WIDOWED X	DIVORCED	Sept. 8.1881	10st birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	T. King I	nc. Baltimor	e Maryland	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Frederick Lang							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO,	17. INFORM ANT		ADDRESS			
no 216 2	24 9347 A	Mr Charles	F. King 10	4 Upnor Road			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. Date of operation 198. CONDITION FOR WHI	(B) Cell DUE TO OR AS (C) At UM	A CONSEQUENCE OF: V	ombosis udior de	EINDINGS CONSIDERED			
WAS PERFORMED		NO					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PL home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltima	ire City, give exoct (acation)			
	AI Not While At Work						
22. I certify that (1) (this haspital) attended the deceased from ANN 1969 to 1971 that (1) (we) last saw the deceased alive an Sept. 3 1977 and that in(my) (aur) apinian death accurred an the date and haur and from the causes/stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE							
23C. PHYSICIAN'S Attending Phys. Attending Phys. DEGREE Phys. 23D. ADDRESS 23D. ADDRESS							
Marcio Menendez 1	A.D. DEGREE	5820 York					
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY of CR	EMATORY 24D	LOCATION (C	City, tawn, or county) (State)			
	Lawn Ceme	tery	Baltimore	, Maryland			
SEP 9 BIT Para E Jahr	88.00 O	Henry San	der & Sons	Inc.			
VS 150-REV. 1/1/6B		Haltimere	, Maryland				



X-620	371	8436 MED	3		AMINER'S			E DEAT	ru 5/4	843	23	
BIRTH NO.		MILD	ICAI	L LA	AMII ALK 3	-LKIIII	CAIL	PEA	REG. NO	041	30	
I. NAME OF DE	CEASED	ETHEL	·KRE	S		2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour	
4. PLACE IN BA					INCED DEAD	3. DATE	UNCED DEAD	Month	Doy ember 1	Yeor 1971	Hour 2:50	<u>м.</u> Р
OR INSTITUTION		W. Cer				5. USUAL I A. STATE	Marylan		lived. If Institution B. COUNTY	n: residence	before odmiss	ilon)
6. SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	ITY LIMITS?		
Female	White	e		WED 🗆	DIVORCED [Baltimo	re	,	ES X	по 🗆	
9. DATE OF BIRT	TH	10.AGE (in		If Unde	er 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER	10		E3 K71	NOL	
1-1-189	7	10. AGE (in lost birthdox XX	74	Monms	Doys Hours Min.		111 W.	Centre	Street			
11. BIRTHPLACE	(State or larely			12. CIT	IZEN OF	13. FATHER		OCHELE	DETECE			
DAIT	TMODE	MADVI AN	ID		LAT COUNTRY?	7.0	DODE VE	~				
14A.USUAL OCCI	I MORE I	e kind of work	4B. KINI	D OF BU	ISA ISINESS OR INDUSTR	YIS. MOTH	ADORE KRE	S. AME				
done during most of	working life, ev	en it retired)	U.	S. ÆRNM				7,1110				
RETIRED-			GOV	ERNN	IENT 7. SOCIAL	BET	TY COHEN			22222		
14. WAS DECEAS	n) (Il yes, give w	vor or dotes	ol service) '	SECURITY NO.	18. INFOR				DDRESS		
NO							NETT GOL	D, 5661	PURDUE			
19.4	24-1				CAUSE OF DEA	TH				SET)	PPROXIMATE INT	ERVAL D DEATH
DISEAS	SE OR COND	MON DIREC	TLY		Arterioscl	erotic	cardiova	scular	disease			
	LEADING TO				(A)IMMEDIATE	AUSE						
(This does a	not mean the	mode of dyl	ng, e.g.,			AS A CONSEC	UENCE OF:					
Injury or co	e, osthenia, etc. mplication which	h coused deo	th.)									
	OR CONDITION ABOVE CAL		GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDEKTAIL	NG CONDITI	ON LAST.			(c)							
2		11										
OI TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	HE TERM	UNAL								
20A. DATE O	F OPERATION	1 208. CON	DITION	FOR W	HICH OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes or	No)
00											No	
ZZA. EXTER	NAL CAUSE	WAS		228. PL	ACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimo	re City, alve en		NO	
	GOR CONT			home, fo	arm, loctory, street, offic	bldg., etc.) i	NJURY OCCUR?	(4 at bossins	in City Bive on	sci rownon,		
≥ 22D. TIME		oy) (Year)	(Hou	r) 22E.	INJURY OCCURRED		2F. HOW DID II	NITIRY OCC	1102			
OF INJURY (APPROX.)				WHI	LE AT NOT	WHILE						
23.				m. WO	RK LJ ATW	ORK						
1 cert	tify that I he	eld on In	quiry [7 1	nspection 🖸 Au	top sy	and that on	this basis	death in my	ontates		
	ted from: No		-									
resu	ned from: M	artifet cont	AS IX	VACE	Ident L Sulcid		omicide L		ned manner			
ACTUAL	(1)	, /	0	[1		CHIEF MEDICAL		H		DATE SIGN	ED
SIGNAT	URE	nay L	3 0	Y	smyslem.	. ASSI	STANT MEDICAL	EXAMINER	X			
EXAMIN NAME (1	Туре)	arles	S. S		gate, M.D.		CIATE MEDICAL			ember	2, 1971	
24A. BURIAL CRE REMOVAL (Speci	MATION, 24	48. DATE		24C.	NAME of CEMETERY	or CREMATO	ORY 24D	LOCATION	(City, lows	, or county) (Stote)
BURIAL		9-3-71		CH	TZUK AMINO	CARLING	TON	AITIMOT	E MADY	TAND		
BURIAL 25A. DATE REC'D		9-3-71 DEPT.	258. N		IZUK AMUNO FREGISTRAR		TON) B.		E, MARY			
	BY HEALTH D	DEPT.	258. N	IAME O	FREGISTRAR	25C. I		TOR	A	DDRESS	ERSTOWN	ROAL

PR. BENKETT COLD, SACT PIRRIE AVE. MILES STUTETED OF THE STATE OF SEEDING

1 4 174 0 404	BALTIMORE CITY	HEALTH DEPARTMENT		P44
D-132 71 8434 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	/1 8434
I.NAME OF DECEASED (Type or Print) ABRAHAM DAV'D	SON	2. DATE AN	HEPL - 1 -	1:16:10 00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE IWHO	re deceased lived. If in	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INST ADDRESS OR LOCATION)	ITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN	BALTHURY	
UNION MENURIAL HOS	PITEL	BALL HORE	J. INS	YES NO
44			DENS APT	3 - MADISON AUE. :
MALLE WIDOWE WIDOWE	NEVER MARRIED DIVORCED DIVORCED	2/16/14/	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND (F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
10A. USUAL OCCUPATION (Give kind of work 10B, KIND of done during most of working life, even if refired) PROP PROPERTY REPUBLIES LAWYER BOOK 13. FATHER'S NAME	k store			U.SA.
		14. MOTHER'S MAIDEN NAM		
HARRIS DAVIDSON		Softia NEW	DYXXX ?	
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		1 MADISON AVENUE,
YES W.W. I NAVY	215-01-2714	MRS. FLORENCE I	DAVIDSON, APT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	CARDIA C	40005	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
This does not mean the mode of dying, e.g	(A) IMMEDIATE CAU	DE .	arres.	
heart failure, asthenia, etc. It means the disease	DUE TO, OR AS	CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) Mio	CARDIAL INFA	secrum	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) staling the UNDERLYING CONDITION last.	(C)			
II .	/-/			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	CIO	vie RENAL F	1 5 . 10 -	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		WILL FRENCH FI	ILLUKKE_	***************************************
19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yos or No.	N CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of the	or about 21 C. WHERE DID	(If In Baltimor	e City, give exoct location)
	E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
< IAPPROYI	hile At Not While			
22. I certify that (1) (this hospital) attended			921 to 9-	1-71 -51
that (I) (wo) lost sow the deceased alive on				
1		ond the	or in (my) (our) opl	nion dooth occurred on the do
ond hour and from the couses stated above.	(i) (We) (did) (did not) v	ow the body ofter death.		
23A. SIGNATURE	444	dia m	e. " —	23B. DATE SIGNED
Lose or las	DEGREE Phys	ding Med. Director	Stoff Phys.	9-1-71
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		1
JOSE P	4-2	UN'ION NEUTO	RIAL HO.	spital
24A. BURIAL CREMATION, 24B, DATE 24C.	IAME OF CEMETERY OF CRE			ly, town, or county! (State)
REMOVAL (Specify)				and the second second
	ALTIMORE HEBREW		STERSTOWN, N	
SEP 9 1971 UGS & 258. NAME	Sey A.D.	SOL LEVINSON	BROS.,601	O REISTERSTOWN ROA
/S 150-REV. 1/1/68				

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ant if death occurred in a hospital and direct or contributing cause of death (d; (4) Undetermined cause; (5) Deceased ath was in regular attendance on the on the deceased prior to death. Such I disposition is made.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

1	2 122			BALTIMORE CITY	HEALTH DEPARTMENT	1	17/4 0405
BIRT	-400 7	1 84	35	CERTIFICA	TE OF DEATH	REG. NO	71 8435
	AME OF DECEASED	16,	MAX	WELL	2. DATE	AND HOUR OF DEATH	3. 50 P.M.
3, 1	PLACE IN BALTIMORE A	MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. It i	nstitution: residence before admission)
FUI HO	LL NAME OF (IF N	OT IN HOSPIT RESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYL.	AND BAL	TO 530
	12			F	BALTIMO	RE.	YES NO
	SINAI H	OSPITI	40 0	F BALTO.	E. STREET AND NUMBER	PHRNELL	Dr. 07.
. 5	EX 6. RACE		7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Haurs Min.
	MALE	HITE	WIDOWED		10/7/07	63	Thomas Doys Hadris 74110
	USUAL OCCUPATION	Give kind of work	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
Offic	during most of working life, CLAIM DEPT		GOVE	RNMENT	NEW YORK, N	1.Y.	USA
3. [FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	
	?	PAUL			UNKNO	OWN	
05	Was Deceased Ever in U., no or unknown) lif yes, g	S Armed For	rees?	16 SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			061-01-3101	MRS. CLATRE PA	AUL. 2661 PUR	RNELL DR. #21207
	18. 44 10 4	1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASES OR CONDITION OF THE CONDITION O	couse (A)	any, giving		A CONSEQUENCE OF:		
NOON	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	TRELATED TO T	HE TERMINAL	450000000000000000000000000000000000000			
EKIIFICALION	19A-DATE OF OPERATION	N 198 CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSTI (Yes or	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
4	21A. A CCIDENT WAS LOOK CONTRIBUTINO CONTRIBUTINO CONTRIBUTINO CONTRIBUTION CONTRIB	INDERLYING [AUSE OF xomined	21 there	ne, larm, factory, street, of	n or about 21C. WHERE DID fice bidg. INJURY OCCUR	(if In Baltime	ore City, give exact lacation)
MEDIC	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year)		INJURY OCCURRED Not While At Work	21f. HOW DID I	NJURY OCCUR?	
	22. I certify that (1)	this hospita	i) attended t	he deceased fram	Sept. 3	_1971_10	ept. 3 1971.
	that (1) (we) last saw	the decease	ed allve on	Sept	3 19 7 1 · ond	that In(my) (a)(r) ap	sinian death accurred on the date
		e causes sta	ited above. (I) (We) (did) (did_mot) v	lew the body after deat	h•	loss DATE SIGNED
	23A. SIGNATURE	A	0	Au	ending Med.	Shaff D	238, DATE SIGNED
	Andre	ing A	F /	e Tack DEGREE Phys	. L Director L	Phys.	9/3/71.
	23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS	5- 5-	
	A 4 1 to 47 to 5	r A	17 6.	2427	ZIM AI H	a V P I I M I	OF BALTIMOPE
	ANDREA			DEGREE		SPITAL	101101111111
24/	REMOVAL (Specify)	248. DATE	24C. N	AME of CEMETERY of CRI	EMATORY 24D	LOCATION (City, town, or county) (State)
	BURIAL CREMATION, REMOVAL (Specify) BURIAL A. DATE REC'D SY HEAL	9-7-71	24C. N	DEGREE	RY B.	ALTIMORE, MAI	City, town, or county) (State) RYLAND ADDRESS
25/	BURIAL CREMATION, REMOVAL (Specify) BURIAL	9-7-71	24C. N	AME of CEMETERY OF CRI	RY B.	ALTIMORE, MAI	City, town, or county) (State) RYLAND

IMPORTANT

FUNERAL DIRECTOR:

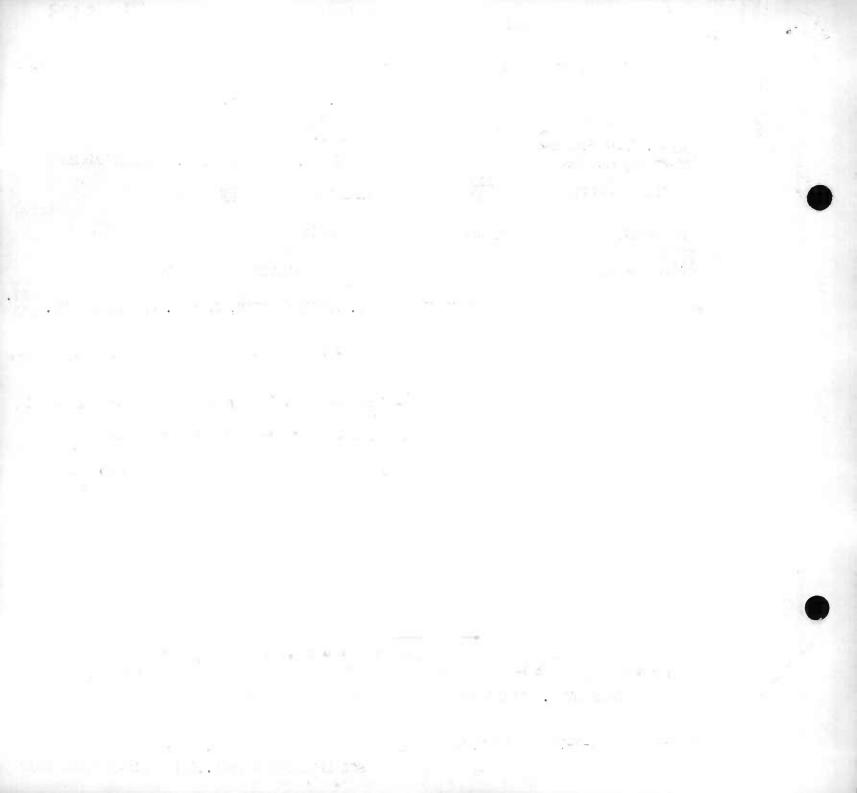
1	G-432 BALTIMORE CITY HEA	LTH DEPARTMENT	
	BIRTH NO. 1 8436 CERTIFICATE	OF DEATH REG. NO. 71 8436	
(1. NAME OF DECEASED (Type or Print) Ceclia Goldstein	2. DATE AND HOUR OF DEATH	4
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	SUAL RESIDENCE Where deceased lived, If institution residence before odm	mission)
- 11.3	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland D. INSIDE CITY LIMITS?	30
	4) Since Hopital	Datimal YES NO TREET AND NUMBER	
176		6400 Elray Drine	
	Female Whole WIDOWED DIVORCED JU	ATE OF BIRTH 9. AGR (In yours If Under 1 Yt. If Under 2 Hours 7 Hours 7	24 Hrs. Min.
111.0	done during most of working life, even if retired)	IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?
Ĩ	13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
	Elles Volashuk		
0	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	avrd Galdolen - 6400 Elras	rene
	DISEASE OR CONDITION DIRECTLY ACUTE CONTRACTOR	DIN MICHELLE CON APPROXIMATE WITE	RYAL
1	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE	Right heart Calur 24 his	1
ı	heart failure, asthenio, etc. it means the disease, injury or complication which coused death.)	ACOUNTE OF:	.0
	ANTECEDENT CAUSES	no in ASCILI	P
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last, (C) Severe (B)	NSEQUENCE OF: 50 YRS	士
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	_	
PTIEIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 207	A. AUTOPSY? (Yes at No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
I A	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bid	out 21C. WHERE DID (If In Boltimore City, give exoct location)	
AED.	21D. YIME (Month) (Doy) (Yeori (House 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	Work At Work	100	
		19 19 to 9-5 19 19 19 19 19 19 19 19 19 19 19 19 19	date
-	and hour and from the causes stated above. (1) (We) (did (did nat) view the	e body after death. PRONOUNCED at Swa. H.	620
	H. Gerved Oster MD Attending []	23B, DATE SIGNED	7
	NAME Type H. GERALD OFEL 23D. AD	PDRESS	
24	244. AURIAL CREMATION, 248 DATE 24C. NAME OF CREMATOR	RY 24D/LOCATION (Gity, town, or county) ISto	THE
25	25A. DATE REC'D BY HEALTH JEPT 125R, NAME OF REGISTRAR 125G	al Bliman Hell Rd- Ball	1
L	SEP 9 1971 Pate & taken, M.D. Sol	Llusson & But - 6010 Keest	Ras
1/5	V\$ 150-REV. 1/1/68		1 00 14



DIES	BALTIMORE CITY	HEALTH DEPARTMENT	pmy	4
	CERTIFICA	TE OF DEATH	REG. NO.	1 8437
(Type or Print)		2. DATE	AND HOUR OF DEATH	
ROBINSON, Mrs. Rose		Sent	ember 3, 197	1 4.55 p
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) The Seton Psychiatric		MARYLAND C. CITY OR TOWN)	IDE CITY LIMITS?
6400 Wabash Avenue	2	Baltimore		YES NO
Baltimore, Maryland 2	1215	E. STREET AND NUMBER		
5. SEX 6. RACE 7. MARRIED NE	VER MARRIED	108 W. 39th	9. AGE (In years	TRU-L 19 Ru
Female White WIDOWEDK	DIVORCED	12/24/09	lost birthdoyl 61 years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done during most of working life, even it retired)	IESS OR INDUSTRY	11. BIRTHPLACE IStole of [oreign country)	12. CITIZEN OF WHAT COUNTRY?
		BALTIMORE		
TXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Maryland		USA
		14. MOTHER'S MAIDEN N	AME	
Harry Nathanson		Ida Wise		
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	CURITY NO.	MR. ELLLOTT R	ORINSON 3003	VAN NESS ST., N.W.
No.		MOSE SECTION OF THE PROPERTY.	TODEX X XX TOOX MALE	VAN NESS SI N W
7 7 9 1 7	AUSE OF DEATH	11710	TINOTON, DIVI	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAE	DIAC	ARRES	BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	130	41C C 63	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
ANTECEDENT CAUSES	ADTI	2010001	000010	
	(B) // K	ERIOSCLEROSIS.		
DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the	DUE TO, OR AS	CONSEQUENCE OF:		/*************************************
LIMPERIVING COMPITION I	(c)			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				1
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		************************	~	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE F	INDINGS CONSIDERED USES OF DEATH?
TALL TALL THE PROPERTY OF THE PARTY OF THE P	OF INJURY (e.g., in	or obout 21 C. WHERE DID	(It In Boltimore	City, give exoci locotion)
DEATH (notify medical examined) lame, torm,	factory, street, offi	ce bidg., INJURY OCCUR?	pr in seminore	City, give exact location;
O 210-TIME (Month) (Day) IYear (Hour 215 (NILLE)	Y OCCURRED	21F. HOW DID II	Illiay Occurs	
(APPROX) While At [Not While		GORI OCCOR:	
Work L	AT WORK	<u> </u>		
22. I certify that N() (this hospital) attended the dece	ased from 8/	17	19 71 to Sept	3 19 71
that (1) (we) lost saw the deceased office on Sep	tember 3	19 <u>71</u> and (hot in (a) (our) opin	Ion death occurred an the date
and have and from the causes stated above. (1) (We)	(dld) (dlatkackvi	w the body ofter death	•	
23A. SIGNATURE				23 B. DATE SIGNED
Efferma a	DEGREE Phys.	ding Med. Director	Stoff Phys.	9-3-71
23C. PHYSICIAN'S NAME (Type)		D. ADDRESS		7 9 11
Edmundo Larranaga, M.D.	DECORE	6400 Wabash Av	enue, Baltimo	ore, Maryland 21215
24A. BURIAL CREMATION, 248. DATE 24C. NAME of	CEMETERY OF CREA			r, town, or county) (Stotel
BURIAL 9-5-71 OHEB SH	IALOM		LTIMORE, MARY	
25A. DATE REC'D SY HEALTH DEPT 25B. NAME OF REGIS		25C. FUNERAL DIRECTO		ADDRESS
SEP 9 1971 Post & Name OF REGIS	MD			REISTERSTOWN ROAD
VS 150-REV. 1/1/68			4	

Committee of a second and a second and

V 1111 1914 0100	BALTIMORE CITY	HEALTH DEPARTMENT		71 8438
вити No. 1 8438.	CERTIFICA	TE OF DEATH	REG. NO	- 0400
1. NAME OF DECEASED (Type of Print) Kilberg, XXXX Katie		9/3	NO HOUR OF DEATH	11:15 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION) INSTITUTION TO SERVICE OF THE PRONOUN TO SERVICE O		ILA STATE B. COUL	alto.	stitution: residence before admission
House In The Pines Belvedere 2525 W. Belvedere Avenue Baltimore, Maryland 21215		Balto. City E. STREET AND NUMBER	edere Ave.	YES NO CONCORD HOUSE
	(NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last biethday)	Il Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	JSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTS
HERSHEL XXXXXX Polansky		14. MOTHER'S MAIDEN NA. SYLVIA		
103/10 OF UNKNOWN HILL Ves. GIVE WOT OF GOIES OF SERVICE	SECURITY NO.44	17. INFORMANT		ADDRESS AVE
18.	CAUSE OF DEATH		ERG, 2500 W.	BELVEDERE AVE. 3
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., head failure, asthenio, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	(A) BMMEDIATE CAU DUE TO, OR AS (B) DUE TO, OR AS (C) COLUMN	SE Stawar A CONSEQUENCE OF: MCONSEQUENCE OF: LILL ONTE	eten eronlus	Ser monte Ser montel on Ser yes
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No		10 YM
OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., Ir form, factory, street, of	or about 21C. WHERE DID	IN CERTIFYING CAL	JSES OF DEATH? e City, give exoct locotion}
DEATH (notify medicol examiner) etc.) 21D-YIME (Month) (Doy) (Yeor) (Hour) 21E IN White (APPROX.)	JURY OCCURRED At Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attended the attended (I) (we) lost sow the deceased alive on			ot In(my) (our) on(n	nion death accurred on the do
ond hour and from the couses stated above. (1) (4)	(did) (did not) vi	ew the body ofter death.		
Howley Robbent	Oel DEGREE Phys	ding Med. Director	Shoff Phys.	9- 5-7/
23G. PHYSICIAM'S NAME (Type) STANLEY R. STEINBAC	CH DEGREE	ELEVEN SLADE A		
BURIAL 9-7-71 MARYI	AND LODGE	ROS	SEDALE, MARY	y, town, or county) (Stote)
SEP 9 1877 Page 8 C. San	REGISTRAR	25C. FUNERAL DIRECTOR		REISTERSTOWN ROA



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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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E. Jaba

BALTIMORE CITY HEALTH DEPARTMENT

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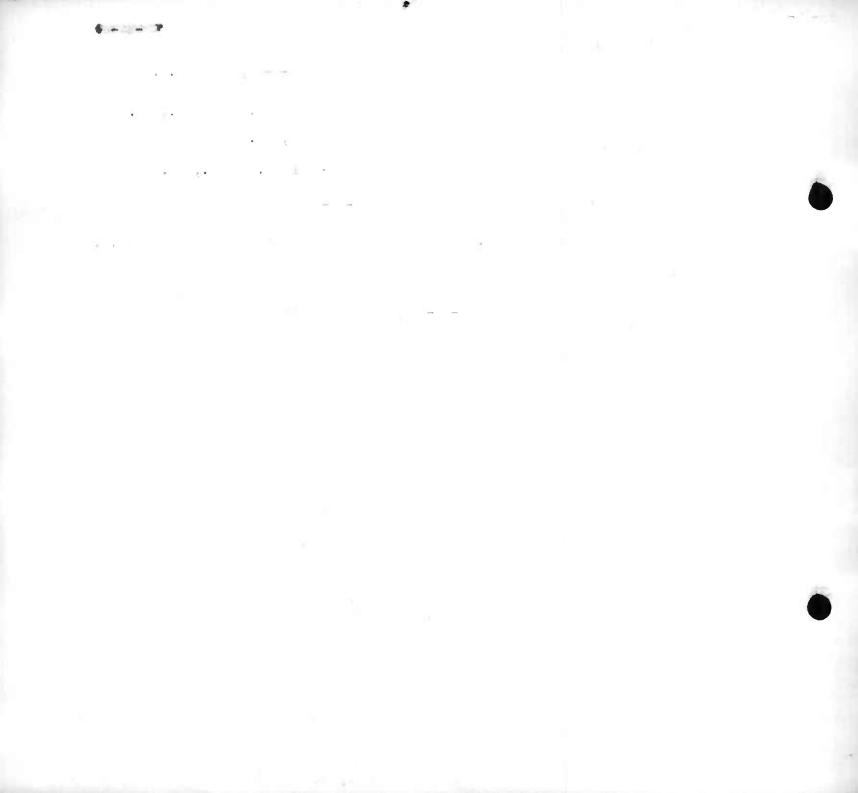
REG. NO	3441
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ADDRESS

BIRTH NO. TO 24, 1900	CERTIFICA	TE OF DEATH	REG. NO.	34.11
1. NAME OF DECEASED		2. DATE	ND HOUR OF DEATH	
Travers, Irene		9-1-	71, 10:45 a.m	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If in	stitution: residence before admission
Baltimore City Hospitals FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION) 1940 Eastern Avenue	ON, GIVE STREET	Maryland C. CITY OR TOWN	aile.	DE CITY LIMITS?
Baltimore, Maryland 21224		Baltimore, Mo		YES NO
S SEK 6- RACE 17		810 N. Dallas	Ralto Md.	21205
* MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	If Under 1 Yr. It Under 24 Hrs. Months Days Hours Min.
Female Negro WIDOWED Y 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS long during most of working life, even if extends.)	DIVORCED	6-24-1906	65	
one during most of working life, even if retired	SINESS OR INDUSTRY	11. BIRTHPLACE (State of for	eign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		Virginia		U.S.A.
M. LYLINER 2 HAME		14. MOTHER'S MAIDEN NA	ME	
Robert Figures		Annie		
	SOCIAL SECURITY NO.	17. INFORMANT	1940 Eastern	Avenue
	2-24-9535	BCH: Records		
18. 4 12.4	CAUSE OF DEATH		DAT OTHO E, 118	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		/A	and the same	BETWEEN ONSET AND DEATH
This does not mean the mode of dying, e.g.,	(A)IMMEDIAIE CAUS	unnoma, e	77-7	
hear failure, ashenia etc. Il means the disease	DUE TO, OR AS A	CONSEQUENCE OF:	Ve-songlar	***************************************
injury or complication which caused death.)	Arle	nogolertic	y dines	7 dyh.
ANTECEDENT CAUSES	(B) Cons	estive Hea	17 Failus	1
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the	DUE TO, OR AS	CONSEQUENCE OF:	- 1 1-	***************************************
UNDERLYING CONDITION last.	(c) With	any troot	infection	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)		/		
CIDIDEADE UK CUNDIDION GIVEN IN PART 1 (A)	*************	***************************************		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes er No	o) 20B, IF TES, WERE FI	NDINGS CONSIDERED
19A-DATE OF OPERATION 19R CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes er No	20B, IF TES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
19A.DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.PLACE OR CONTRIBUTING CAUSE OF home, for etc.)	CE OF INJURY In a. in		IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
19A.DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.PLACE OR CONTRIBUTING CAUSE OF home, for etc.)	CE OF INJURY leage in mm, foctory, street, offi	NO or about 21C, WHERE DID co bidg., INJURY OCCUR?	(It In Boltimore	
19A.DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.PLACE 21B.PLACE	CE OF INJURY le.g., in m, foctory, street, offi	NO or about 21C, WHERE DID co bidg., INJURY OCCUR?	(It In Boltimore	
19A.DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.PLAC home, for etc.] DEATH inotify madical examined 21D.TIME 1Month) (Day) (Year) (Heur) 21E. INJURY 1APPROX.)	CE OF INJURY le.g., in m, foctory, street officery, street officery, street officery, street officery, street of the control o	NO er about 21C, WHERE DID co bldg., INJURY OCCUR? 21F. HOW DID INJ	(It In Boltimore	City, give exact location)
19A.DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.PLAC home, for etc.) 21A. TIME Month (Day) (Year) (Heur) 21E. INJURY IAPPROX.) 22. I certify that (I) (this hospital) attended the de	CE OF INJURY le.g. in m, foctory, street officery, street officery, street officery, street officery, street officery, street of the street of	NO or about 21C, WHERE DID co bidg, INJURY OCCUR? 21F. HOW DID INJ	(It in Bultimore URT OCCUR?	City, give exact location)
19A.DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF DEATH incify medical exeminers 21B. PLACE OF DEATH incify medical exeminers 21B. PLACE OF DEATH incify medical exeminers 21B. PLACE OF INJURY IAPPROX.) While At Werk 22a. I certify that (I) (this hospital) attended the dethat (i) (we) last saw the deceased alive on	CE OF INJURY leage in mm, foctory, street offi JRY OCCURRED Not While At Work I Ceased from	NO et about 21C, WHERE DID co bidg., INJURY OCCUR? 21F. HOW DID INJ	(It in Bultimore URT OCCUR?	City, give exact location)
19A.DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.PLAC home, for etc.) 21A. TIME Month (Day) (Year) (Heur) 21E. INJURY IAPPROX.) 22. I certify that (I) (this hospital) attended the de	CE OF INJURY leage in mm, foctory, street offi JRY OCCURRED Not While At Work I Ceased from	NO et about 21C, WHERE DID co bidg., INJURY OCCUR? 21F. HOW DID INJ	(If In Baltimore URT OCCUR? 19 69 to 9/1 at in (my) (our) opini	City, give exact lacation) 19_7] an death occurred on the date
19A.DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.PLAC home, for etc.] 21A. THE IMONTH (Day) (Year) (Heur) 21E. INJURY While At Werk 22. I certify that (I) (this hospital) attended the dethat (i) (we) last saw the deceased alive on and hour and fram the causes stated above. (I) (We 23A. SIGNATURE	CE OF INJURY le.g. in mm, foctory, street officers, street officers at Wark occased from	NO er about 21C, WHERE DID co bidg., INJURY OCCUR? 21F. HOW DID INJ 11/6 19 71 and the ew the body after death.	(It in Boltimore URT OCCUR? 19 69 to 9/1 at in (my) (our) opini	City, give exact location)
19A.DATE OF OPERATION 19R. CONDITION FOR WHICE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21R. PLACE OF DEATH incidence of etc.] 21D.TIME Month (Day) (Year) (Heur) 21E. INJURY (Amonth of the condition	CE OF INJURY le.g. in mm, foctory, street, officered of the control of the contro	NO er about 21C. WHERE DID ca bidg., INJURY OCCUR? 21F. HOW DID INJ 11/6 19/7 and the bw the body after death. ling Med. Director	(If In Baltimore URT OCCUR? 19 69 to 9/1 at in (my) (our) opini	City, give exact location) 19_7] an death occurred on the date

25C. FUNERAL DIRECTOR

Pg VS 150-REV. 1/1/68



25C. FUNERAL DIRECTOR

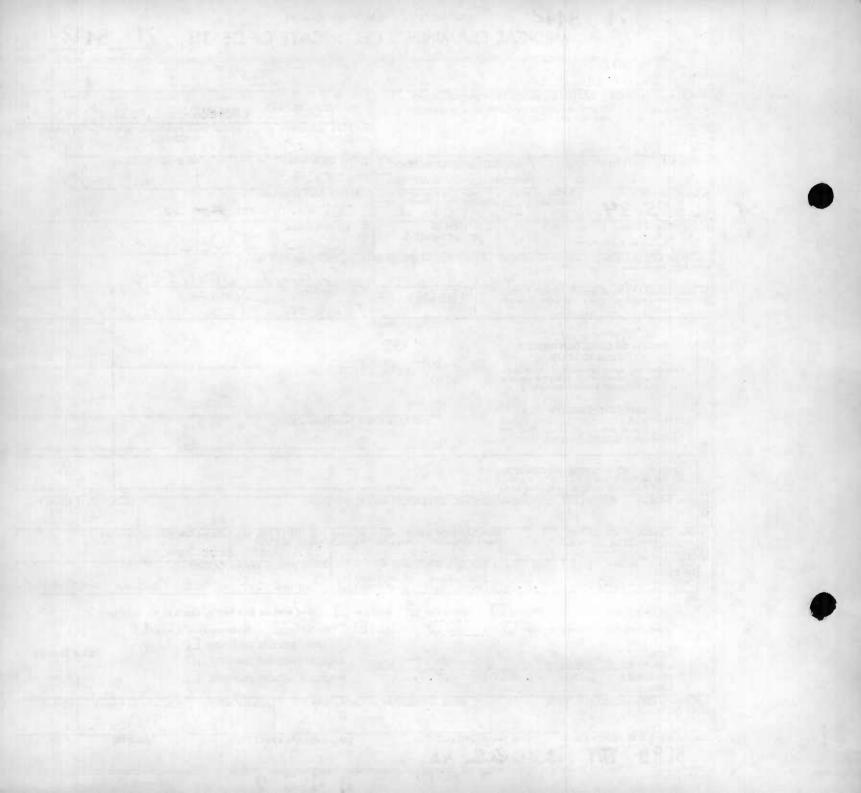
ADDRESS

258. NAME OF REGISTRAR

Robert E. Farber M.D.

25A. DATE REC'D BY HEALTH DEPT.

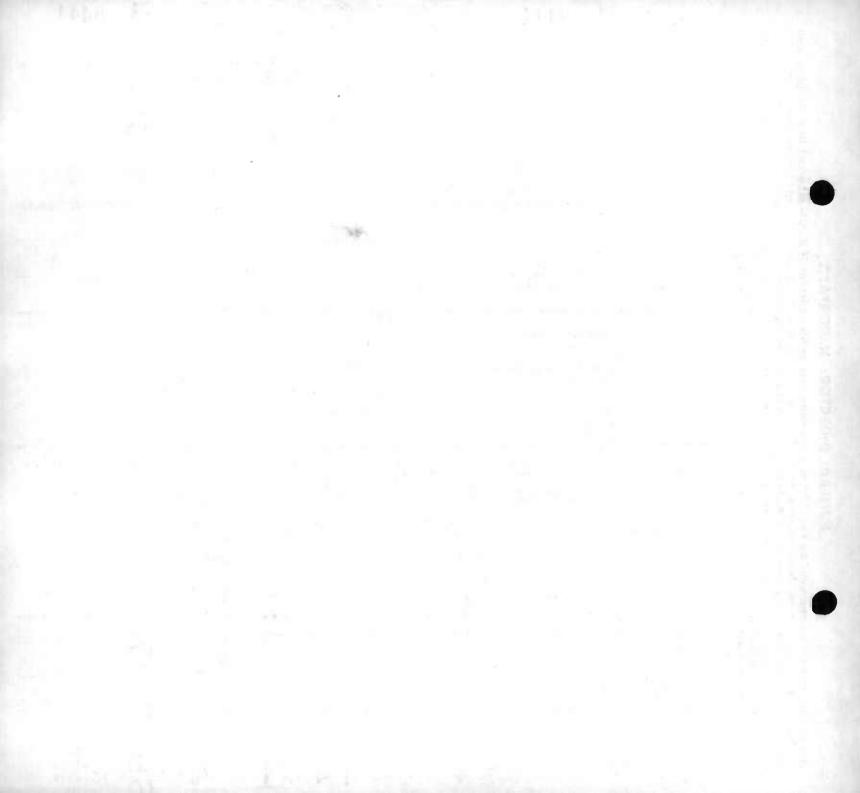
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TRANSPORT OF DETAINS TO THE CASE OF DATE AND HOUR OF DEATH THE PROPERTY OF THE CONTROL OF THE CASE O	Ri	D-120 71 8443		TE OF DEATH	09 12 6,21 REG. NO. 71	8443
DATE SEE CONDITION SECRET. A STATE STAT	1.	NAME OF DECEASED		2. DATE AN		1 // / = =
BULLINON HOPKINS HOSPITAL STREET AND NUMBER DINISIDE CITY LIMITS	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If institution	n: residence before odmission)
S. SEX S. RACE AMABRED NEVER MARRIED S. DATE OF BIRTH S. AGE On press House Minds Mind	III H	OSPITAL OR ADDRESS OR LOCATION)		MARYLAND C. CITY OR TOWN	BALTINORZ D. INSIDE CITY	1004
S. SEK S. BACE	P	JOHNS HOPKINS HO	SPITAL	E. STREET AND NUMBER	1540	O NO
IS. FATHER'S NAME 1.6. MORTHER'S MANDEN NAME 1.6. MORTHER'S MORTHER NAME 1.6. MOR	-	F N WIDO	WED DIVORCED	9-12-86	lost birthday) Monti	der 1 Yr. II Under 24 His. hs Doys Hours Min.
13. Was Drached Service DAY Service DAY Service DAY Service DAY Service DAY Service DAY Service DESAME OF CONDITION DIRECTLY LEADING TO DEATH 10. SEASE OF CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEAT	do	ne during most by working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore)	ign country) 12. C	ITIZEN OF WHAT COUNTRY
SECURITY NO. 18. — CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	W. 30 N
18.	15. (Ye	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL rice) SECURITY NO.	FMMA DAVIS	. /	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nol mose the mode of dying, e.g., heat finding, estimate the disease, injury or complication which coused death, which coused death, and the disease, injury or complication which coused death, which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused death, and the disease, injury or complication which coused for the death estimate the death estimated the death of the death estimated the death of the death of the death estimated the death of the death estimated the death of		IN		Tatle La	res da	me
Complete		DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if any, giving in the obove cause (A) sialing the UNDERLYING CONDITION lost. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING (C) OTHER SIGNIFICANI CONTRIBUTION (C) O		(This does not meon the mode of dying, heart failure, osthenio, etc. it means the disc	9.0	A CONSEQUENCE OF:	L INFARCTION	3,5 MRS
Second		ANTECEDENT CAUSES	(a) Aut	ENIOSCLENOTIC	CUD	40 yrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 11 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 12 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOOD FOR WHICH OPERATION WAS PERFORMED 12 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOOD FOR WHICH OPERATION WAS PERFORMED 12 THE DEATH ROSING FOR THE TERMINAL DISEASE OR CONDITION GOOD FOR WHICH OPERATION WAS PERFORMED 13 THE DEATH ROSING FOR THE TERMINAL DISEASE OR CONDITION GOOD FOR WHICH OPERATION WAS PERFORMED 14 THE DEATH ROSING FOR THE TERMINAL DISEASE OR CONDITION GOOD FOR WHICH OPERATION WAS PERFORMED 15 THE DEATH ROSING FOR THE TERMINAL DISEASE OR CONDITION GOOD FOR WHICH OPERATION WAS PERFORMED 16 THE DEATH ROSING CONDITION GOOD FOR WHICH OPERATION WAS PERFORMED 17 THE DEATH ROSING CONDITION GOOD FOR WHICH OPERATION WAS PERFORMED 18 THE DEATH ROSING CAUSES OF DEATH? 19 THE DEATH ROSING CAUSES OF DEATH ROSING CAUSES OF DEATH ROSING CAUSES 19 THE DEATH ROSING CAUSES 19 THE DEATH ROSING CAUSES 19 THE DEATH ROSING CAUSES 19		rise to the obove cause (A) stating	the	A CONSEQUENCE OF:	***************************************	1
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED NO 10A CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING AUSE OF All Work All Wor	ATION	I O THE DEATH BUT NOT RELATED TO THE TERMIN	NG =	u Abscess		2 400.
DR CONTRIBUTING CAUSE OF DEATH (notify medical examined) DEATH (n	U	19A-DATE OF OPERATION 19R. CONDITION F WAS PERFORMED	OR WHICH OPERATION		208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	GS CONSIDERED F DEATH?
22. I certify that (I) (this hospital) attended the deceased from	CAL	IOR CONTRIBUTING! I CAUSE OF -	home, farm, factory, street, oli	at obout 21 C. WHERE DID	(If In Bollimare City, g	lve exact location)
22. I certify that (I) (this hospital) attended the deceased from	MEDI	OF INJURY	21E INJURY OCCURRED While At	21F. HOW DID INJU	JRY OCCUR?	
ond hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE New Root Mod. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) NEIL R MILLER, MD 25A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS			ed the deceosed from	June 26, 1	· moderne · · · comments in the state of the comment	,
23A. SIGNATURE New Remover of Communication of Communica		ond hour and from the causes stated abov				our occurred ou the dole
23C. PHYSICIAN'S NAME (Type) NEIL R MILLER, MD Johns Horkins Horring 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS		New R Miller	MAD Atter			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25D. FUNERAL DIR		NAME (Type) NEIL R M	ILLER, MD	3D. ADDRESS		
CCD A ADDRESS	246	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CREATER			or county) (Stote)
VS 150-REV. 1/1/68	L	SEP 9 1971 Pase E Ja		25% FUNERAL DIRECTOR	1000 Bian	ADDRESS AL

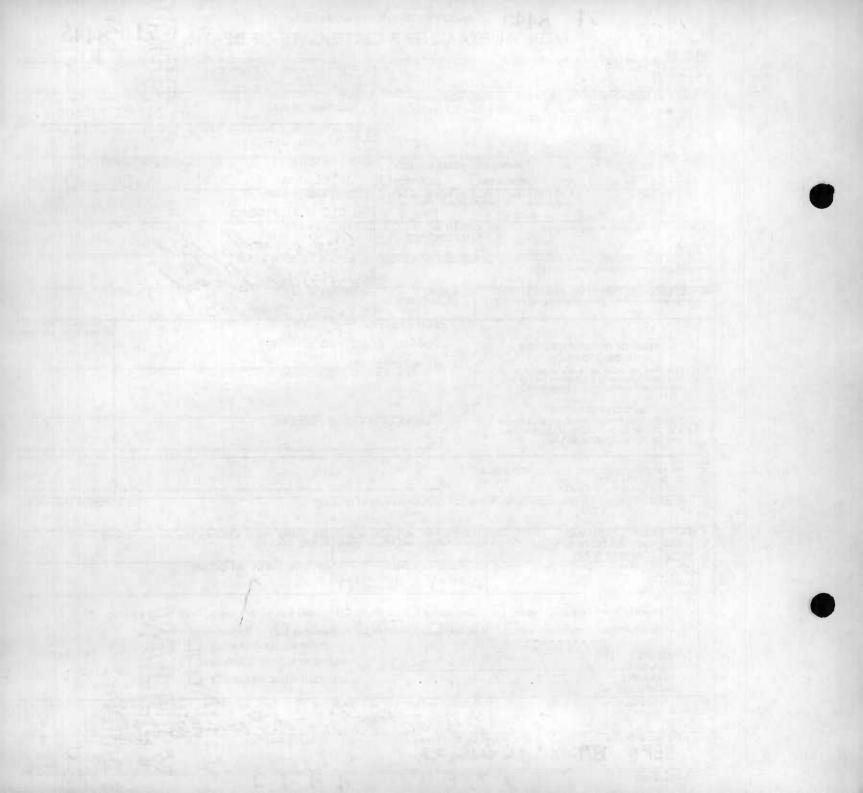


B === 71 0444	BALTIMORE CITY	HEALTH DEPARTMENT	71 8444
D-65371 8444	CERTIFICA	TE OF DEATH REG. NO.	. 4 044.7
(Type of Print) Jesse Brand		2. DATE AND HOUR OF DEA	тн I 6:45 A м.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROFULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		A. STATE B. COUNTY M	501
Mercy Hospital		Baltimore E. STREET AND NUMBER	NSIDE CITY LIMITS? YES X NO
		434 Colvin St.	
5. SEX 6. RACE 7. MARR WIDOV		8. DATE OF BIRTH 9. AGE (In years lost birthday)	il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Stone Illin	U.S.A.
Assultantine		12. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) life yes, give war or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. / 62. /	CAUSE OF DEAT	Homas (Alab 130;	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	adeno	carcinoma Left Le	BETWEEN ONSET AND GEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. If means the dise	(A) MMEDIATE CAL	A CONSEQUENCE OF:	J. J.
injury or complication which caused death.) ANTECEDENT CAUSES	Andres	N Myo cardial Infl	arction
DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	ving (B) DUE TO, OR AS the (C)	A CONSEQUENCE OF:	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE DEATH OF THE TERMINATION OF THE DEATH OF THE TERMINATION OF THE DEATH OF THE TERMINATION OF THE TERMINAT	TO	in Myscendial Orfa	ichn' 3 weeks.
19A. DATE OF OPERATION 19R CONDITION F WAS PERFORMED		20A. AUTOPSY? (Yes or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21C, WHERE DID (If in Boltin	more City, give exact location)
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour)	21 & INJURY OCCURRED While At Not While Work At Work		0 1
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	1 at 21	19 71 and that In (my) (our)	apinion death accurred an the date
and haur and from the causes stated abov	e. (1) (We) (did) (did nat)		
Georgena R- Mise	ares arp: Atte	anding Med. Staff. Staff.	23B, DATE SIGNED 873 1/7/
23C HYSICIANS NAME (Type)	a DEGREE	23D. ADDRESS	Relt : Ald
24A. BURIAL CREMATION, 24B. DATE 24	ARE DEGREE	Mercy to he las	(Citys town, or county) (State)
Burial 9-3-71	mt Cahan	Cont a Coun	to mel
SEP 9 100 PM PAR SEP 9 100 PM PER SEP 9	AS AS A CE	25C FUNERAL DIRECTOR	ADDRESS How I
VS 150-REV. 1/1/68		7 10000	we way .



(7-240 71 8445 MEDICA	BALTIMORE CITY HEAL EXAMINER'S		DEATH / 7	1 8445	
ī.	NAME OF DECEASED		2. DATE Known D	Month Doy	Yeor Hnur	
FUL	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		3. DATE PRONOUNCED DEAD	Month Doy September 3,	Yeor Hour 1971 8:00 A.	
OR	SPITAL ADDRESS OR LOCATION) INSTITUTION JOHNS HOPKINS HOSPITA	J.	5. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived. If institution		
	EX 7. RACE 8. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	c. CITY OR TOWN Baltimore	D, INSIDE C		
	OATE OF BIRTH IO. AGE (In years lost birthday) 6 Week	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.			ES NO	
11.	BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	Buren		
I4A done	USUAL OCCUPATION (Give kind of work 148. K) during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	15. MODER'S MAIDEN TO AN	Canoll		
16. (Yes	WAS DECEASED EVER IN U.S. ARMED FOR , no or unknown) (If yes, give) war or dotes of serv	CES? 17. SOCIAL SECURITY NO.	OVERA CAME	W lan	DDRESS	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT Sudden d	eath in infancy		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
CATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIB	(c)	AS A CONSEQUENCE OF:			
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (20A. DATE OF OPERATION 20B. CONDITIO	A)-	S PERFORMED		21. AUTOPSY? (Yes or No) yes	
EDIC	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (H	22B.PLACE OF INJURY(e.g., home, farm, factory, street, office	in or obout 22C. WHERE DID (I bldg., etc.) INJURY OCCUR?			
	OF INJURY (APPROX.) m. WHILE AT NOT WHILE AT WORK 23.					
	Certify that I held an Inquiry Inspection Autopsy Ond that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED					
24A REA	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. U	CATION SCITY, town	n, or county) (Stole)	

1-12.71



IMPORTANT

FUNERAL DIRECTOR:

1	1) 125	BALTIMORE CITY	HEALTH DEPARTMENT		1 8446		
	7-255 71. 8446	CERTIFICA	TE OF DEATH	REG. NO	0120		
	PO OF PRINTING	MEDONALD	9/5	7 1	500 Am.		
FU	ULL NAME OF IF NOT IN HOSMIAL OR INSTITUTION, GIVE STREET INSTITUTION, MARY LAND BALTIMORE CITY HOSPITAL S 21224 (CHROWIC HOSPITAL D'Bldg)		A. USUAL RESIDENCE TWhere deceased lived, If institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?				
I			Baltimore E. STREET AND NUMBER	D. 1145	YES K NO		
			4940 Eastern Avenue 21224				
	emale Negro	RIED NEVER MARRIED DIVORCED DIVORCED	4-24-14	ost birthday) 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12 CITIZEN OF WHAT COUNTRY? U.S.A.		
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAM	NE .			
13	Lemosy Cuff	II & SOCIAL	TO INFORMANT	Hey	ADDRESS		
(Ye	Wes Deceased Ever is U. S. Armed Forward son son unknown) (if yes, give war or days of serv	SECURITY NO.	BCH: Records	940 Easter Baltimore,	n Avenue		
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, aethenia, etc. It means the diseinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	(a) DUE TO, OR AS the (C)	Cerebellar A SE A CONSEQUENCE OF: MWF A CONSEQUENCE OF:	iple Schros	10N BETWEEN ONSET AND DEATH 225 Yrs.		
FICATIO	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION 1 WAS PERFORMED	NAL	20A AUTOPSY? (Yes or No)	208, IP YES, WERE	FINDINGS CONSIDERED		
AL CERTIFI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inosity medical exemples	21E PLACE OF INJURY (e.g., inhome, form, foctory, street, of	100		re City, give exect lacation)		
MEDIC	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	IRY OCCUR?	/		
	22. I certify that (this hospital) attended the deceased from 9 19 56 to 75 19 7/ that (this hospital) attended the deceased from 9 19 56 to 75 19 7/ that (we) last saw the deceased alive on 9 15 19 7/ and that In (our) opinion death occurred on the date and hour and from the causes stated above. (I) (did) (did) view the body after death. 23A. SIGNATURE Attending Attending Attending Phys. Director Phys. (23B. DATE SIGNED) Phys. Director Phys. (27)						
	23C. PHYSICIAN'S NAME (Type) W. L. RAMS	EUR DEGREE	BALTIMO	n Avenue B	altimore Maryland		
L,	Burial 9-8-71	ME OF REGISTRAR	24D. LC	La Col	(ADDRESS		
4	SEP 9 1971 PARE &	-	401.1	1	1 11		



BALTIMORE CITY HEALTH DEPARTMENT				A179
11-250 71 8447	CERTIFICA	TE OF DEATH	REG. NO.	71 8447.
1. NAME OF DECEASED			HOUR OF DEATH	
Type or Print MASON, CHARLES	lenwood	9-7-7		1 1110
2 BLACE IN ENTHADRE MARYLAND WHERE PRONOUN	CED DEAD.	4. USUAL RESIDENCE (Where	deceased lived. If incli	tution: residence before admission
CERTIFICATE AME	NUMBER	A. STATE B. COUNTY		1111
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	ON, GVE STREET	MARULAND	BALTIMORE	
INSTITUTION	7-63-11	C. CITY OR TOWN		CITY LIMITS?
MARYLAND SENERAL HOSPITAL		E. STREET AND NUMBER	Y	ES NO
			2 24	
5. SEX 6. RACE 7. 444 PRICE	<u> </u>	8. DATE OF BIRTH 19.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NEVER MARRIED	lo	AGE (In yours the birthdoy)	II Under 1 Yr. I Under 24 Hrs. Aonths Doys Hours Min.
MIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	DIVORCED	5-01-05	66	
done during most of working life, even if refired)	DINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign	countryl	12. CITIZEN OF WHAT COUNTRY
Uninglyld N	5-0	MARULAND		U-SA.
13. FATHER'S NAME	No.	14. MOTHER'S MAIDEN NAME	0	
Somme Maria		10	Rist	
5. Was Deceosed Ever in U.S. Armed Forces? Yes, no or unknown) (III yes, give wor or doles of service)	SOCIAL	17. INFORMANT	VINKON	1 A D D D S S S
season or unknowns till yes, give wor or doles of servicel	SECURITY NO.		/	ADDRESS
118.		WIFE - ELEAS	E MASON	SAME
- X - O	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				SELVICEN ONSET WAS DEVIL
(This does not mean the made of dving an	(A) IMMEDIATE CAU	ISE CARDIO - RES	PIRATORY /	PREST
hear lating ashenia etc. Il means the disease	DUE TO, OR AS	A CONSEQUENCE OF: FILE	PHAIDDATHI	
injury or complication which coused death.)	. 1		I WIED INTH	
ANTECEDENT CAUSES	(B) HOPOC	LUCEMIA.		
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		******************************
UNDERLYING CONDITION lost	10 IUSU	LIN RXN -	DIABBTES	MALLITTUE
11	(0)			1.11.11.11.12
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
FIO THE DEATH BUT NOT RELATED TO THE TERMINAL IDISEASE OR CONDITION GIVEN IN PART 1 (A)	*****************	***************************************		
194 DATE OF OPERATION 198 CONDITION FOR WHICH	CH OPERATION	20 A. AUTOPSY? (Yes or No)	OR IF YES, WERE FINE	DINGS CONSIDERED
194 DATE OF OPERATION 198 CONDITION FOR WHILE WAS PERFORMED RESP	. FAILURE		N CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(If In Boltimore Ci	lly, give exect location)
DEATH (notily medical examiner)	Jilly tocioty, Stiedty off	ice bldg., INJURY OCCUR?		
21D-TIME (Month) (Doy) (Yeori (Hour) 21E INJ	URY OCCURRED	21F. HOW DID INJUR	COCCUR	
(APPROX.)	Not While		- COOK	
Work	At Work			
22. I certify that (1) (this hospital) attended the d			71 to 9-	F- 19 FI
that (1) (we) lost sow the deceased alive an	9-7	19 7 and that	in(my) (our) opinion	a death occurred on the date
and have and from the causes stoted abave. (1) (W	e) (did) (did nat) vi	ew the bady after death		
23A. SIGNATURE			bai	B, DATE SIGNED
1 XSeletin 1	Atten		R C	9 7 7
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	3D. ADDRESS	S. Lead	1-+-+1
	110	144044		
14A. BURIAL CREMATION, 124B. DATE 124C. NAME	M.D. DEGREE	MARULAND KEI	ERAL HOS	P.
246. BURIAL CREMATION, 248. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CRE	MATORY 24D, LOCA	TION (City, to	own, or county! (Stote)
Burial 9-11-21 12	Corsont 1	Kent Com	3WN Jm	2 61 -
	GISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 9 1971 Palent E. Jaban	M.D.	1 Eshand	2. Welson	100 Brantley Su
/S 150-REV. 1/1/68				LOUBLINE

States & Alterior

+

25C. FUNERAL DIRECTOR

Lilly & Zeiler Inc.

ADDRESS

1901-07 Eastern Ave.

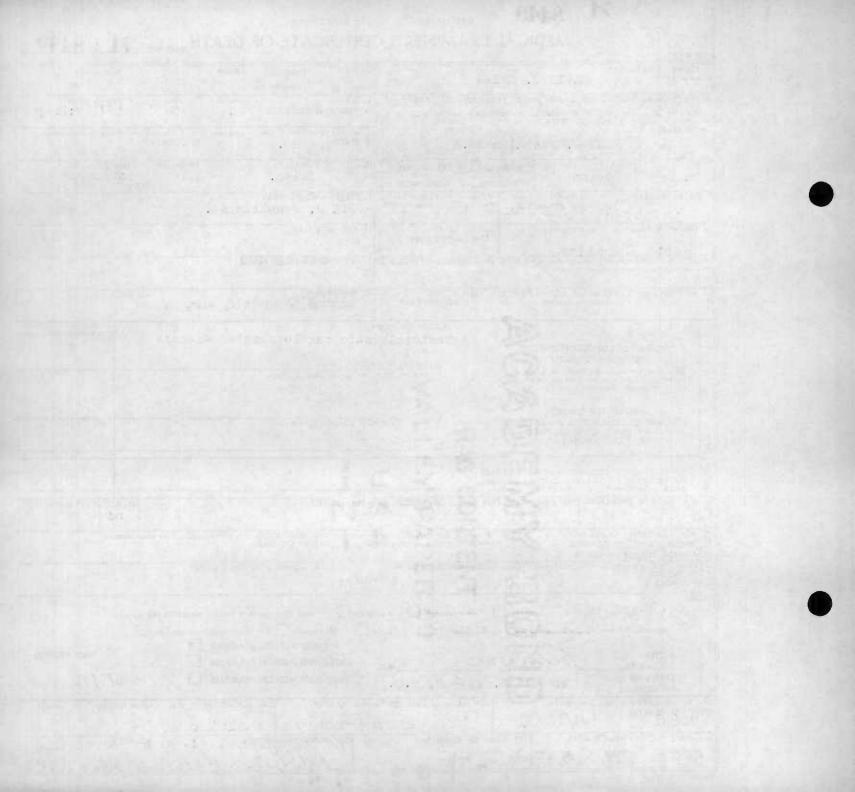
258. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 3/1/6B

9/13/11- Letter from O.M. E.

71. 8449 BALTIMORE CITY HEALTH DEPARTMENT					
MEDICAL EXAMINER S	CERTIFICATE OF DEATH REG. NO. 71 8449				
I. NAME OF DECEASED (Type or Print) DAVID C. SMITH	2. DATE Known Month Day Year Mour OF DEATH Estimated M				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD 9 5 1971 7:25 p				
512 W. Franklin St.	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY				
6. SEX male negro B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES NO				
9. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under 24 Hrs. lost birthdoy) 91 Manths: Doys Haurs Min.	512 W. Franklin St.				
North Carolina 11. BIRTHPLACE (Stote or foreign country) North Carolina	13. FATHER'S NAME				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI dane during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar doles of service) 17. SOCIAL SECURITY NO.	David C Smith, Jr, same				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or complication which caused death.) (A) IMMEDIATE DUE TO, OR	erotic cardiovascular disease				
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)				
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 220. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX)	, in ar about 22C. WHERE DID (If In Baltimore City, give exact location) injury occur? 22F. HOW DID INJURY OCCUR?				
resulted from: Natural causes Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Russell S. Fisher, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ASSOCIATE MEDICAL EXAMINER 9/6/71				
REMOVAL (Specify)	rn Chmetry Baltimore, Md				
SEP 9 EM Para E Zarben M.D.	Adolphus Halstean 1206 NORT				
VS 151-REV. 1/1/68	04446				

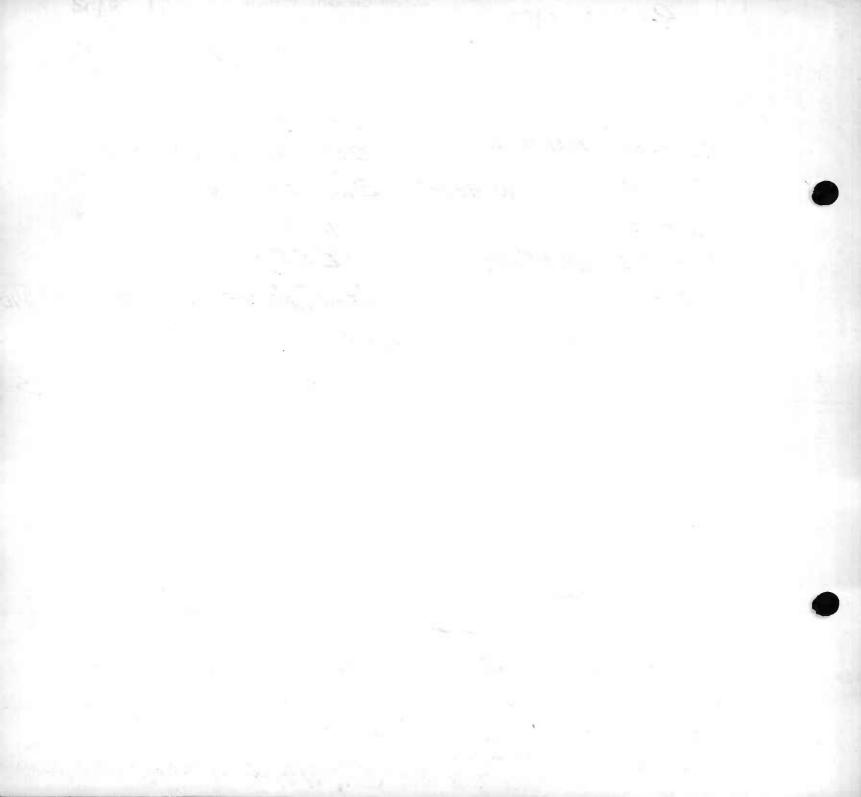


IMPORTAN DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, Il institution residence D. INSIDE CITY LIMITS? YES -NO If Under 1 Yr. Months! Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE CEREBRO WAS COLAR ACC. GENERALIZED ARTERIOSCIEROS 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (aur) apinian deoth occurred on the date Adolphus Halstead 1206 VS 150-REV. 1/1/68







the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and ui perri This certificate must be approved by the chief medical examiner or his assistant if death

1	04/1 71 0452	BALTIMORE CITY	HEALTH DEPARTMENT	174	8453		
BII	ктн No.	CERTIFICA	TE OF DEATH	REG. NO.	. 0400		
	Pe or Print	DI I	(- //	ND HOUR OF DEATH	20	2 1	
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	UP S LESIDENCE WE	6/7/	3 =	M	
	}		4 USUAL RESIDENCE (WA	NTY	I I	n T	
He	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITU OSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	Maryland	-	110	74	
IN	STITUTION		C. CITY OR TOWN	D. INSI	YES NO		
6	00 0 10		E. STREET AND NUMBER		YES NO		
	808 St faul to	1808 St Paul St					
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ys , Il Und	er 24 Hrs.	
IF	emale White WIDOWED	DIVORCED	7/25/81	lost birthday)	Months Deys Hours	Min.	
10/	USUAL OCCUPATION (Give kind of work 108, KIND OF to during most of working life, even if retired)	BUSINESS OR INDUSTRY	1). BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT	COUNTRY	
001	1000		,		United A	0000	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME 3	- TOTAL D	Contract of the contract of th	
L	Hugh Andrew			(
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) life yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No	220-07-998	& Thomas G	Andrew	- Takin	11/2	
	18. 250. 91	CAUSE OF DEATH	1		4 APPROXIMATE		
	DISEASE OR CONDITION DIRECTLY	Ca.	Dia nome	· to	BETWEEN ONSET	AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	USE THE PRICE TO STATE OF THE PRICE OF THE P					
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	Nei CU	K		
	ANTECEDENT CAUSES	gar	associa		, 1		
		(B) (Je	. auter	Beller	1		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	1000'1			
	UNDERLYING CONDITION last.	(c)	vere	Freeco	<u> </u>		
z	11	A a	. 1				
은	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Je	meet				
ΩĀ	DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes of N	ol 208. IF YES WERE E	INDINGS CONSIDERED		
CERTIFICATION	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?		
	21A. A CCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF	LACE OF INJURY legy in	or obout 21 C. WHERE DID	(if In Boltimore	City, give exect location)		
CAL	DEATH (notify medical examiner)	s torms roctory, street, on	ice pieg. INJURT OCCUR				
0	21D-TIME (Month) (Day) (Year) (Hourt 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
2	OF INJURY (APPROX.) While	Not While	· 🗖				
	22. I certify that (I) (this hospital) attended th	At Work		19 69 10	ent la 1	5.	
	that (i) (we) last saw the deceased alive on	U	7				
		-			ton death accurred an	the date	
	and haur and from the causes stated above. (1) 23A. SIGNATURE	(dld not) vi	lew the bady after death.				
	1 10	Atter	Med.	Staff [7]	23B, DATE SIGNED		
1	23C. PHYSICIAN'S	DEGREE	. , —	Phys.	Sept 8 /71	/	
	NAME (Type)	~ 1	3D. ADDRESS	0.540	nO		
247	Williand Apple Pe	DEGREE	6615 Ment	ustain	14		
246	REMOVAL (Specify) 24B. DATE 24C. NA	ME of CEMETERY of CRE	MATORY 24D. 1	LOCATION (City	, town, or county)	(State)	
	syg 1/1 Too	for to	ech. X	rello,	Med .		
254	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF	REGISTRAR	250 FUNERAL DIRECTO	R	ADDRESS		
L	SEP 9 1971 Pate E Jack	en KD	XLAMIZAH. CO	ella lloce	322 5 HI	34	
VS	150-REV. 1/1/68			/			

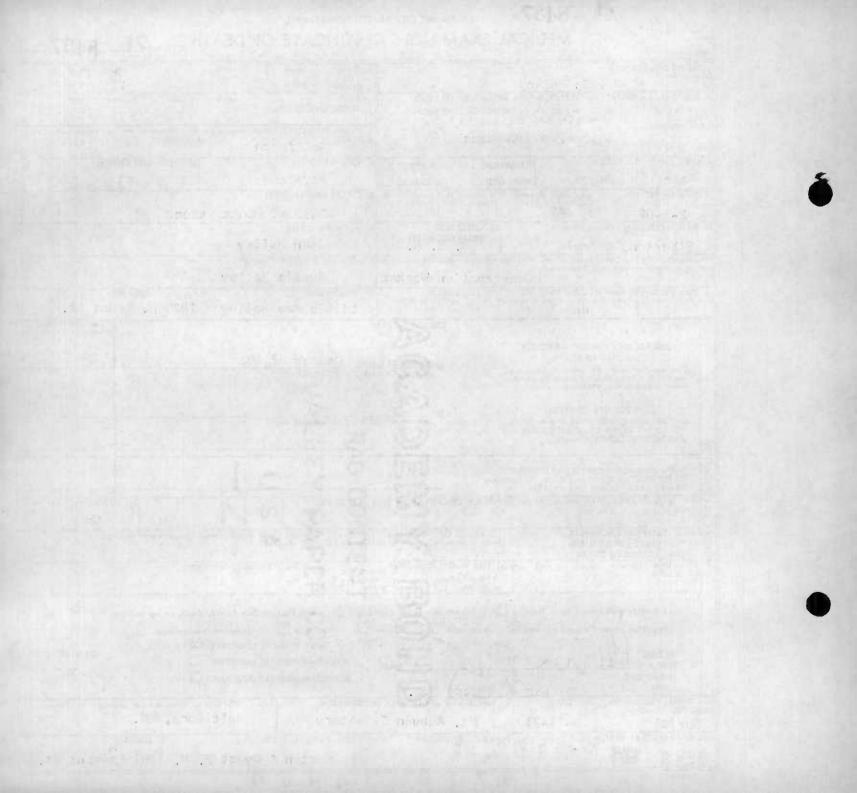
Adm 4/30/64

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BIRTH NO. 1. NAME OF DECEASED (Typo or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, 'Il institution: lesic A. STATE B. COUNTY 4. USUAL RESIDENCE (Where deceased lived, 'Il institution: lesic B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) MONTEBELLO STATE HOSPITAL 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 13. FATHER'S NAME	8456							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, "If institution: residence in the state of the sta	7,000							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) MONTEBELLO STATE HOSPITAL STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of working life, even if retired) DANLE ALT KORE F. STREET AND NUMBER S. DATE OF BIRTH 9. AGE (in years lift Under 1) Months: D Months: D AMOUNT D 10A. USUAL OCCUPATION (Give kind of working life, even if retired) DANLE ALT CONTROL 11. BIRTHPLACE (State or foreign country) 12. CITIZEN 12. CITIZEN	idence before admission)							
MONTEBELLO STATE HOSPITAL E. STREET AND NUMBER 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lit Under I Months: D WIDOWED DIVORCED 10-10-21 49 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR HODUSTRY 11. BIRTHPLACE (State or foreign country) DANLE ALL ON DE FAVM VILLE DANLE ALL ON DE FAVM VILLE DANLE ALL ON DE FAVM VILLE DE FOREIGN COUNTRY 12. CITIZEN	2788							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years list birthday) Months: D 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR HNDUSTRY 11. BIRTHPLACE (State or foreign country) 112. CITIZEN DAN LAL ON DE FRANCICLE UVOINITY 124. ON DE FRANCICLE UVOINITY 125. CITIZEN	№ □							
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR HNDUSTRY 11. BIRTHPLACE (Stole or foreign country) DANLET of working life, even if relired) DANLET of ON Def Favm ville UVOININ	1 Yr II Under 24 Hrs.							
done during most of working lile, even if retired) Sawitation Destravmuille Uvoining U	Doys Hours Min.							
13. FATHER'S NAME	N OF WHAT COUNTRY?							
to the libits	0.4							
Ites, no or unknown) (it yes, give wor ar dotes of service) SECURITY NO.	ADDRESS							
231-16-9806 Odessa White - 5301-Cove	APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH	TWEEN ONSET AND DEATH							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) (A) MMEDIATE CAUSE LIVICATION TO THE TOTAL T								
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any, giving Tise to the abave couse (A) stoting the UNDERLYING CONDITION lost. (C)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 1968 1968 1978 1988								
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Bollimore City, give e home, form, foctory, street, office bidg., INJURY OCCUR?	exoct location)							
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work								
22. I certify that (I) (this hospital) attended the deceased fram	19							
that (1) (we) last saw the deceased alive an								
and have and from the causes stated above. (1) (We) (dld) (dld not) view the body after death, 23A, SIGNATURE	SIGNED							
flusfeer/ang to Degree Phys. Director Director Phys. D	f. 7,1971							
23C. PHYSICIAN'S NAME (Type) JULIO FREIJANES 23D. ADDRESS LONTEBELLO STATE HO.	SPITAL							
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. OCATION (City, town, or REMOVAL (Specify)	countyl (State)							
DUVIAL 9-11-71 HEBUTUS MEMBER BALTIMORE NO REGISTRAR 1250 UNIRAL DIRECTOR	ADDRESS ST							
SEP 9 197 July 1 Pet P.H.	1701-MAUVEN							



	4-400	/1 848		BALTIMOR										
/	9-900	MED	DICAL	EXAMIN	IER'S	CERTIF	ICATE	OF I	DEAT	TH	'71	C	457	
100	RTH NO.									KEG.	NO.		401	
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-	DI ACE INI BALTIM	Willie Hai ORE, MARYLAND,)	ley	ONOUNCED DE	45	DEATH	Estimote	d 📙	9	6		71	9:15	P. M
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OR	MOITUTITZAI	1420 N. M	ount :	Street		5. USUAL A. STATE	RESIDENCE Baltime		deceased	B. COUN		idence b	fore odmi	ssion)
6.	SEX 7.1	RACE	8. MARR	IED NEVER M	ARRIED	C. CITY O	RTOWN			D. INSI	DE CITY L	IMITS?	2	9
	Male	Negro	WIDOW		ORCED		Maryla:	nd			YES	٦,	10 🗆	
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11.	Elberton,	or foreign country)		12. CITIZEN OF WHAT COUN	TRY?	13. FATHE	John H							
144	USUAL OCCUPAT	ON (Give kind of work	14B. KIND			15. MOTH				-				
don	e during mast of wark!	ng lile, even Ifreilred)		truction \	Worker		Gussie	Hai	lev					
16.	WAS DECEASED	VER IN U.S. ARMEI				18. INFOR					ADDR	ESS		
(16	s, no ar unknawn) (if y	es, give wor ar dates NO	at service	SECURIT	IY NO.	Lil	lie Mae	Hai	lev	1420	N. M	ount	St.	
	19. / / 9	/10		CAUS	SE OF DEA							APPI	ROXIMATE II	
	DISEASE OF		CTIV									BETWE	EN ONSET A	ND DEAT
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Cancer of lung												
	(This does not m	ean the mode of dy	Ing, e.g.,				QUENCE OF:		-0				***********	
	injury or complice	nenlo, eic. II meons the atlan which caused de	ath.)											
	ANTECEDENT CAUSES (0)													
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE													
7	UNDERLYING	UNDERLYING CONDITION LAST. (C)												
Ō		11		(C)										
CERTIFICATION	TO THE DEATH	ANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION FOR THE PROPERTY OF THE P	THE TERMI	ING NAL									********	**********
ERT	20A. DATE OF OP	ERATION 208. COL	NOITION	OR WHICH OPER	RATION WA	S PERFOR	MED				21.	AUTOP	SY? (Yes	or Na)
												Ne	0	
MEDICAL	22A. EXTERNAL UNDERLYING CAUSE			22B. PLACE OF IN	IJURY (e.g., , street, allice	in or obaut bldg., etc.)	22C. WHERE INJURY OCC	DID (if	in Boltimo	are City, giv	e exact loc			
Σ	22D. TIME (Man		r) (Haur) 22E.INJURY O	CCURRED		22F. HOW D	ID INJU	RY OCC	UR?				
	(APPROX.)			m. WHILE AT WORK	NOT AT W	WHILE ORK								
	23. I certify t	hat I held an I	nquiry [Inspection	Aut	apsy 🗌	and that	an this	s basis,	death In	my apin	lon	17-1	
	resulted	rom: Natural cau	ses X	Accident 🗌	Suicid	• 🗆 н	amicide 🗌			Ined mans	promp			
		100	_/	7	1	Deputy	CHIEF MEDI	CAL EX	AMINER	X				
	ACTUAL SIGNATURE	Min	9	1	M.D.	ASS	ISTANT MEDI	ICAL EX	AMINER			D	ATE SIGN	1ED
	EXAMINER'S	V -	10	10			OCIATE MEDI	CAL EXA	AMINER				9-7-7	1
24	NAME (Type)		er t		D.									
RE	A. BURIAL CREMATI MOVAL (Specify)			24C. NAME of				1	CATION		tawn, or	couniy)	(Sto	te)
	Burial	9-11-	-	Mt. Au		e mete	ry	OFF.	Balt	imore,	Ma.			
25/	A. DATE REC'D BY H		1 1	ME OF REGISTR	AR	25C.	FUNERAL DI	RECTOR			ADDRE	SS		
5	SEP9 19	الفاقعية ف	" Agrie	ing N.D.		1	forton	& Dy	ett F	. H.	1701	Laur	ens S	t.
٧s	151-REV, 1/1/68		1 0	7 1 1		OA	6 13	é						



FUNERAL DIRECTOR: IMPORTANT

11/ 200 17/1 045	BALTIMORE CIT	Y HEALTH DEPARTMENT					
ВІКТН NO. 2 11. 845	CERTIFICA	ATE OF DEATH REG. NO. 1 8458					
1. NAME OF DECEASED	/ /	2. DATE AND HOUR OF DEATH					
	som Leol	A 8-Sept-7/1					
3. PLACE IN BALTIMORE MARYLAND, WHERE P	RONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before education)					
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	1. Md 2562					
THE STITUTE OF THE ST	D-1	D. Holle Cont Common					
02605 Spellma.	m /C a	E. STREET AND NUMBER					
		2605 Spellnem Rd					
	RRIED NEVER MARRIED DIVORCED W	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys Haurs Min.					
10A. USUAL OCCUPATION (Give kind of work 108, KIN							
done drilled most of mottried tite even it tellied)							
House in fe		Mass, USA USA					
13. FATHER'S NAME	-08	14. MOTHER'S MAIDEN NAME					
15. Was Decessed Ever in U. S. Armed Forces?	16 SOCIAL	Estella Wilton					
(Yes, no or unknown) (If yes, give war or dates of ser	SECURITY NO.	Lavania Booth 2806 BookenD					
18. 77481	CAUSE OF DEAT	H APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH					
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Museardial Anticolo					
(This does not mean the mode of dying,	A CONSEQUENCE OF:						
injury or camplication which caused death.)	I near parties ashieling, etc. il means me disease.						
ANTECEDENT CAUSES	000	aria da al aladi.					
DISEASES OR CONDITIONS, if any,	iving (B) Lizer	210 SCHORO GICLER ROLLOVOSELLAR LESCOS F					
rise to the above cause (A) stating	ihe DOL 10, OK AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION lost.	(C)	Gocot					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING						
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL	***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE FERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OP OPERATION 179E CONDITION WAS PERFORMED 21A-ACCIDENT WAS LINDERLYING 1	FOR WHICH OPERATION	20A. AUTOPSYR (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n ar obout 21 C. WHERE DID (If in Baltimore City, give exact location) linjury OCCUR?					
OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX)	While At Nat While At Work						
22. I certify that (H) (this hospital) attended the deceased from 3/ - 1 9 7/ ta 4 - 19 7/							
	that (#) (we) last saw the deceased alive on 4 - 19 7 ond that in (my) (our) epinion death occurred on the date						
and haur and from the causes stated above. (i) (We) (did not) view the bady after death.							
23A. SIGNATURE 23B. DATE SIGNED							
ISSE DATE STORED							
DEGREE Phys. Director Phys.							
NAME Types 23D. ADDRESS 23D. ADDRESS							
Richard E Fisher M Douth Balty-one Gon Host							
A. BURIAL CREMATION, 24B. DATE 24C, MAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Style)							
During 9-1211	Variland	Bull All					
25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	emel sprimare are,					
CEDA ANNA OA		2507 FUNERAL DIRECTOR ADDRESS					
SEP 9 19/1 (65-6 E. Ja. vs 150-REV. 1/1/68	Dey KD.	Muleston - Syett 1- H. Mol-Nauvens					

Burner 9-1311 Price hown Come Bortonieve Ald,

	6-400 TAL 8459 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 8459
	ATH NO. 11-14 095 CERTIFICATE OF DEATH
D	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where developed lived. If institution; weidence before developed in the control of
FL	ULL NAME OF OSPITAL OR ADDRESS OR LOCATIONI ISTITUTION A STATE B. COUNTY A STATE B. COUNTY A STATE C. CITY OR FOWN D. INSIDE CITY LIMITS 2
23	Lutheran Hospital of Maryland Baltimore YES I NO 1 +6 Paltimore YES I NO 11
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthdoy) If Under 1 Yr. If Under 24 Hrs last birthdoy) Maniles Doys Hours Min.
dor	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Wary and U.S. A.
	PATHER'S NAME OLIVER BALL ALLCE WATKING
15. (Yo	s, no or unknown) Uf yes, give wor or doles of service) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
	DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE Constitute Heart Failure DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise la the above cause (A) stating the
N	UNDERLYING CONDITION last. (C).
FICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yos of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID home, farm, fociary, street, affice bidg., INJURY OCCUR? etc.) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID INJURY OCCUR? etc.)
WEDI	21D-TIME (Month) (Doy) (Yeol (Houl) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work
	22. I certify that (I) (this hospital) attended the deceased from 9/3 19 7/ to 9/7 19 7/
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23C. PHYSICIAN'S NAME (Type) Attending Med. Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
24A	J. EUFEMIO M.D. DEGREE Justina Hospital of Mary and
8	Divine 9-10-11 Mt Auburn Complexe Bost mine Md
25A	SEP 9 1971 DESCRIPTION OF REGISTRAR 256. UNERAL DIRECTOR ADDRESS

Intent

In but Alex Worker 1012 - Balle 14.

Don at 9-10 Mill Rubain Const. of Best more Pile.

	1 20020	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
	an leat ase 1 th Suc	1. NAME OF DECEASED [Vivia of Pint] [Vivia of Pint]
	of do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
	hos ise (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE B. COUNTY 1504
	a ca	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
	TO	Mt. SINAI NUNSING Home 1948-11) North An-
	occurred ontributi ermined regular regular is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1884 9. AGE (In years Months: Days Hours: Min.
		10A. USUAL OCCUPATION Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	death t or c Undet as in e dec	done during most of working life, even if retired) Winnessbord S.C., U.S.A
_	if (4) ∀ + + + + + + + + + + + + + + + + + + +	13. FATHER'S NAME 1
A	D D D O -	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 17. INFORMANT ADDRESS ADDRE
RT.	SS: A A D III	249-88-52442 hille U. Withers poon 1948-W. North
MPORTANI	f an nce end d or	DISEASE OR CONDITION DIRECTLY
_	Alsonon alme	LEADING TO DEATH (This does not meon the made of dying, e.g., heort failure, asthenia, etc. it means the disease,
08	ine ner act pr vla	injury or camplication which coused death.) ANTECEDENT CAUSES
Ü	A fr A fr Who reg	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR:	ian s in s ins a	rise to the abave cause (A) stating the UNDERLYING CONDITION tost. (C)
AL	medical medical physician an was it remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS OTHER SIGN
UNER	s chief m by a me body by the ph hysician	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (II In Bollimore City, plye exect location)
3	ital by e; (2) l vhere No ph before	
	hospit nature cept wide (6) N	DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY OF INJURY OF INJURY OF INJURY OR CONTRIBUTION CLOSE OF home, form, loctory, street, affice bldg., INJURY OCCUR? etc.) Not White At Not White 21F. How DID INJURY OCCUR?
		CAPPROX.) While At Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 19 19 10
	0 0 0 0	that (f) (we) last saw the deceased alive on 19 and that in (my) (our) apinian death accurred on the date
	leased to ident of hospital o death)	and hour and from the causes stated above. (1) (We) (did (did not) view the body after death. 23A. SIGNATURE
	E cision	Attending Med. Stoff Director Phys.
	This certificate the body was rashows: (1) An acwas D.O.A. at a deceased prior written approv	23C. PHYSICIAN'S NAME (Type) VASA 23D. ADDRESS 200 6 S. Recommendation
	1 2 0 0 B B	24A BURIAL CREMATION, 24B. DATE 24C, NAME of GEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	This certiforms the body shows: (1) was D.O. deceased written a	254. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 256. FUNERAL DIRECTOR ADDRESS
	べらべ おはは	SEP 9 BN Jasus E. Palsas 7.0. Jacks 1/1/68

M. Sinai Nursing Home 1948-W. North Ave remule Negro 349-88-52443 Kiltie W. Withous pood 1948-W Noth Durial 9-11-71 Mt. Pubura Ceppe. Destiniore alld 1 St Moeton regett F.H 1701-housen IMPORTAN

DIRECTOR:

FUNERAL

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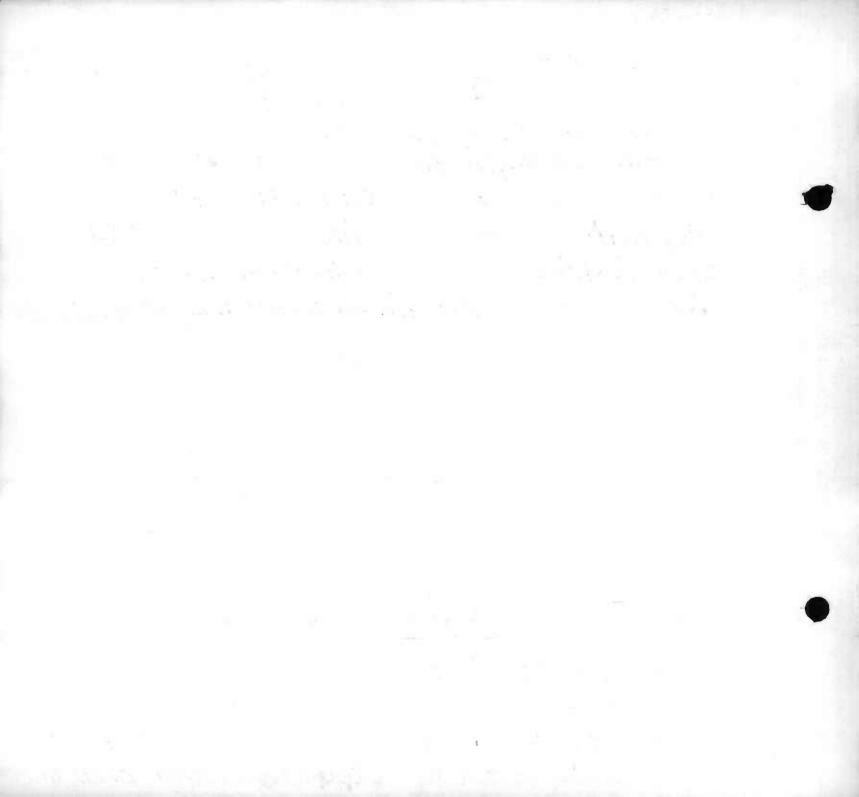
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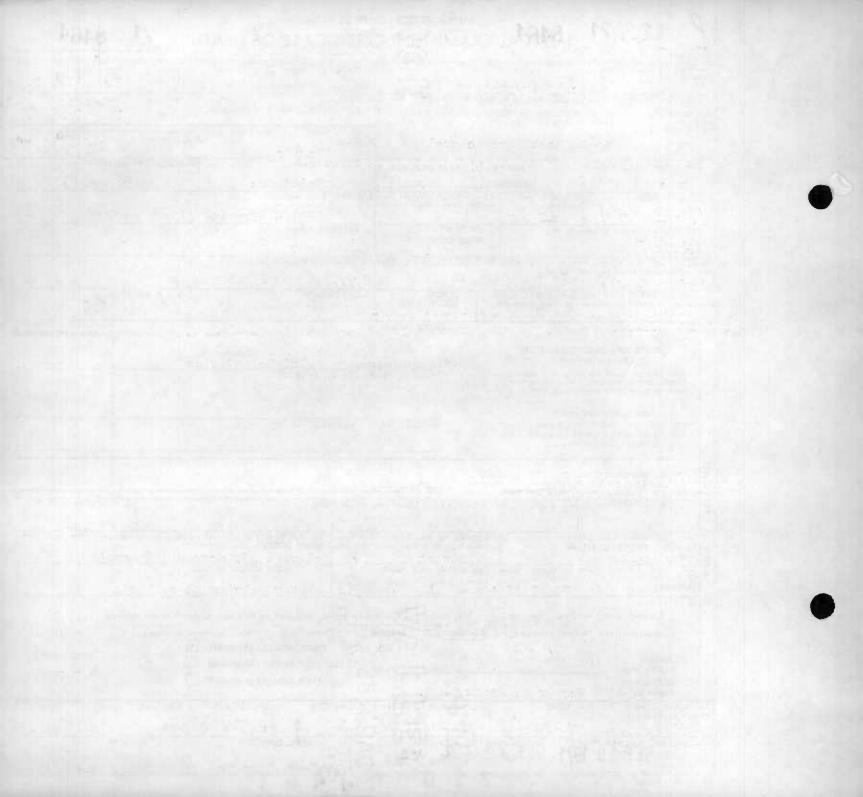
ADDRESS

Kenneth H . Law . 4611 Park Heights Ave.

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YES P

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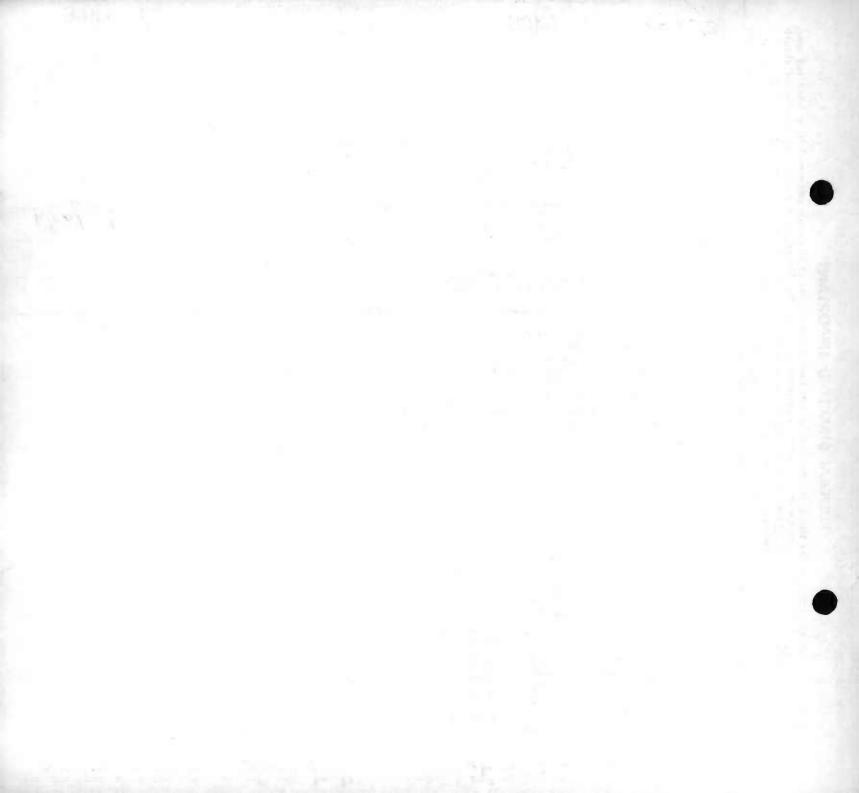
If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.

12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

AMERICA.

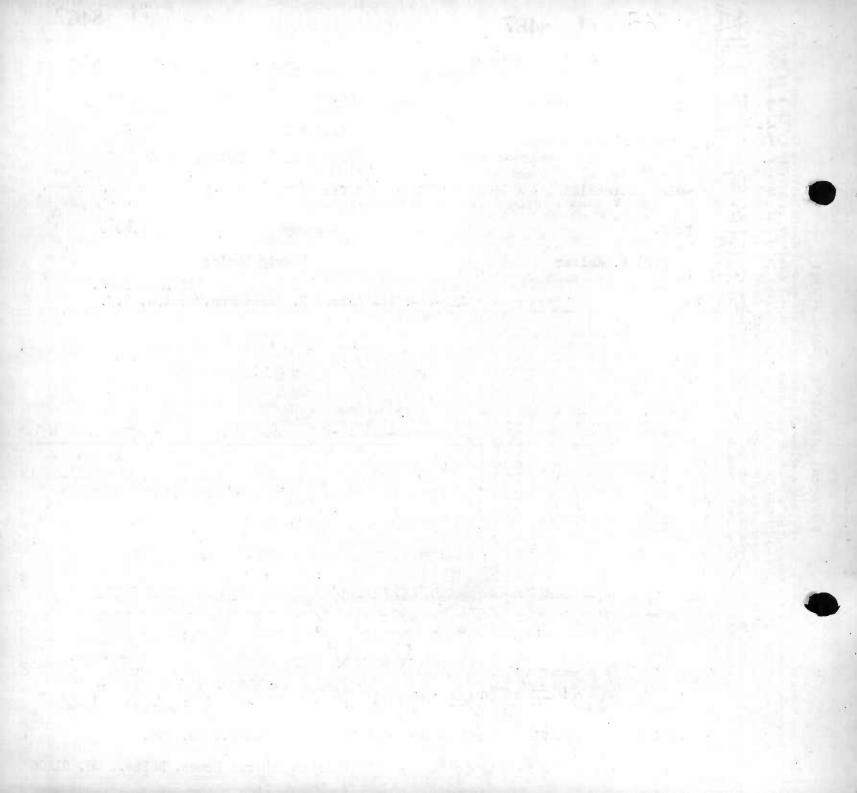


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. 112 Knox Bladeress APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in(my) (ex) opinion death occurred on the date 23B. DATE SIGNED ADDRESS Ullrich Funeral Homes, Balto., Md. 21206



IMPORTANT

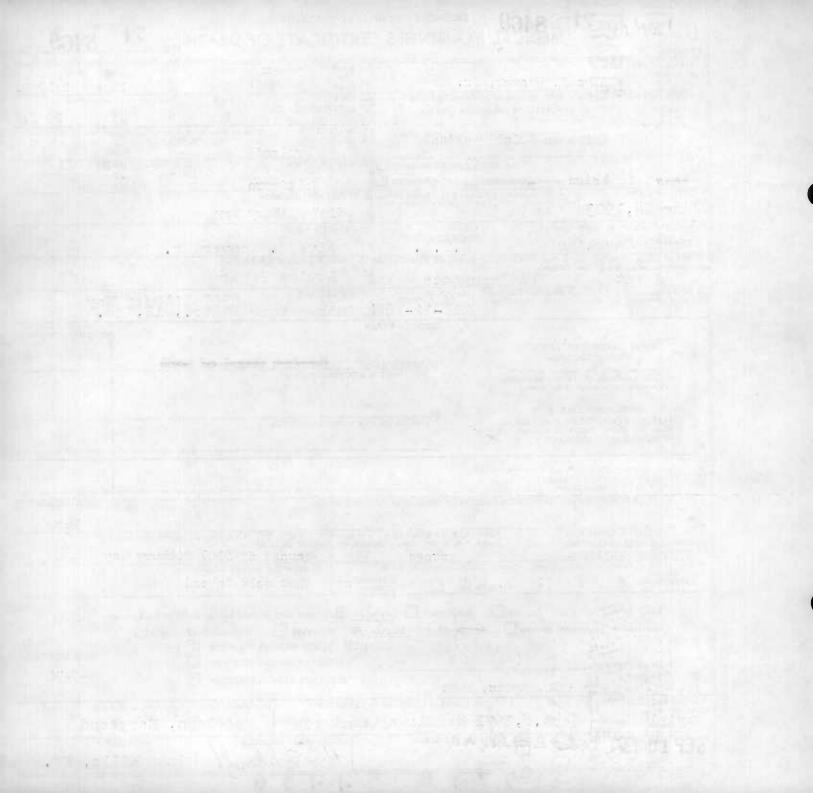
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



	1)-160 12 4841		ALTH DEPARTMENT		· ·	and the second second	749
	MILDI	CAL EXAMINER'S	CERTIFICATE OF	DEAT	H REG. NO.	1 8	3469
	RTH NO. NAME OF DECEASED						
	pe or Print) Alva P. Wea	war Tr	2. DATE Known K	Month	Doy	Year	Hour
	PLACE IN BALTIMORE, MARYLAND, WHI		DEATH Estimated 3. DATE	9	6	71	2:30 PM.
FU	LL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	Month 9	Day 6	Year 71	2:30 P.M.
	Union Memor	ial Hospital	5. USUAL RESIDENCE (Where A. STATE Maryland	e deceased i	B. COUNTY	n: residence b	elare admission)
6.	SEX 7. RACE 8.	MARRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE C	ITY LIMITS?	7.
L	Male White w	VIDOWED DIVORCED	Baltimore		v	ES 🖾	№ □
	June 24, 1903 10. AGE (In year)	Months Days Hours Min.	E. STREET AND NUMBER 5307 Tilbury				
1	BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME				
144	North Carolina LUSUAL OCCUPATION (Give kind of work) 148	U o D o A o	Alva P. W	eaver	Sr.		
don	A cent	Insurance	Louise Pe				
16.	WAS DECEASED EVER IN U.S. ARMED FO s, no or unknown) (If yes, give war ar dates of s	ORCES? 17. SOCIAL SECURITY NO. 218932-188	18. INFORMANT	5307 Balt	Tilbu 0., 12	DORESS Way	y
	19. X	CAUSE OF DEA		202.0	0.9 11	API	PROXIMATE INTERVAL
Н	DISEASE OF CONDITION PIPER	W.				BETWI	EEN ONSET AND DEATH
Н	DISEASE OR CONDITION DIRECTL LEADING TO DEATH		Our hat		t hood		
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	(A)IMMEDIATE O	AUSE Gunshot wo	una o	nead		
П	injury ar camplication which coused death.	ease,					
Н	ANTECEDENT CAUSES	4.4	- 4				
	WALEGEDEIAL CVOSES	/8\					
П	DISEASES OR CONDITIONS, IF ANY, G	IVING DUE TO, OR	AS A CONSEQUENCE OF:				
	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		AS A CONSEQUENCE OF:				
NO	UNDERLYING CONDITION LAST.	IVING DUE TO, OR G THE	AS A CONSEQUENCE OF:				
FICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	(c)	AS A CONSEQUENCE OF:				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	(C)TRIBUTING ETERMINAL 1 (A).				Izi. Autor	DSY2 (Yes ar Na)
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	(C)TRIBUTING ETERMINAL 1 (A).				21. AUTOR	PSY7 (Yes or No)
	OTHER SIGNIFICANT CONDITION CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION 22A. EXTERNAL CAUSE WAS	(C)	AS PERFORMED	fii in Baliima	re City, give exc		PSY? (Yes ar No) Yes
	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH.	(C)	AS PERFORMED In or obout 22C, WHERE DID bldgs, etc.) INJURY OCCUR?	(l i in Bol lima Lt 5307	re City, give exo	ect location)	
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year)	(C)	In or about 22C, WHERE DID abdg., etc.) INJURY OCCUR?	t 5307	Tilbur	ect location)	
	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION CONTRIBUTION CONTRIBUTI	(C)	In or obout 22C, WHERE DID bldg, etc.) INJURY OCCUR?	JURY OCC	Tilbur	ect location)	
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	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION CONTO THE DEATH CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 9 6 71 23.	IRIBUTING ETERMINAL 1 (A). IR	In or obout 22C, WHERE DID bldg, etc.) INJURY OCCUR? garage a 22F. HOW DID IN Shot sel	JURY OCC. f inhe	Tilbur UR?	y Way	
	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION 20B. CONDITION 20B. CONDITION 20B. CONDITION 20B. CONDITION 20B. CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 9 6 71 23. I certify that I held an Inquiresulted from: Natural causes	IRIBUTING ETERMINAL 1 (A). IR	In or obout 22C, WHERE DID bldg, etc.) INJURY OCCUR? garage a 22F. HOW DID IN Shot sel	JURY OCC f inhe	7 Tilbur UR? ead	y Way	Yes
	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DESEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 9 6 71 23. I certify that I held an Inquiresulted from: Natural causes ACTUAL SIGNATURE	IRIBUTING ETERMINAL 1 (A). TON FOR WHICH OPERATION WAR 22B. PLACE OF INJURY (e.g., home, farm, lactory, street, affice garage (Hour) 22E.INJURY OCCURRED. A. m. WORK NOT NOT WORK AT W	In or about 22C. WHERE DID bldg, etc.) INJURY OCCUR? garage a 22F. HOW DID IN Shot sel copsy and that on the puty Chief Medical E	JURY OCC f inher his basis, Undetermine	Tilbur ver e ad death in my ned manner	y Way opinion	Yes
	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION 20B. CONDITION 20B. CONDITION 20B. CONDITION 20B. CONDITION 20B. CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 9 6 71 23. I certify that I held an Inquiresulted from: Natural causes ACTUAL	IRIBUTING ETERMINAL 1 (A). TION FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, farm, factory, street, office garage (Hour) 22E.INJURY OCCURRED. A. m. WHILE AT NOT WORK AT WORK ACCIDENT AUGUST AUGUST AUGUST AUGUST AUGUST ACCIDENT AUGUST	In or about 22C. WHERE DID bldg, etc.) INJURY OCCUR? garage a 22F. HOW DID IN Shot sel copsy and that on the puty Chief Medical E	JURY OCC. f inher his basis, Undetermine EXAMINER	Tilbur ver e ad death in my ned manner	y Way opinion	Yes
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WEDICAL MEDICAL	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION 20B	IRIBUTING ETERMINAL I (A). INDON FOR WHICH OPERATION WAR 228. PLACE OF INJURY (e.g., home, farm, lactory, street, effice garage (Hour) 22E. INJURY OCCURRED. A. m. WHILE AT NOT AT WORK Accident Suicident Suici	In or about 22C, WHERE DID bldg, etc. INJURY OCCUR? garage a 22F. HOW DID IN Shot sellors with the sellors	JURY OCC. f inher this basis, Undetermine EXAMINER EXAMINER	death in my ned manner [opinion	PATE SIGNED 9-7-71 (Stote)
WEDICAL MEDICAL	OTHER SIGNIFICANT CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDITION SIZE OF OPERATION 20B. CONDITION CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 9 6 71 23. I certify that I held an Inquiresulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. S. A. BURIAL CREMATION, 24B. DATE MOVAL (Specify) 24B. DATE	IRIBUTING ETERMINAL 1 (A). TION FOR WHICH OPERATION WAR COMMENT OF INJURY (e.g., home, farm, lactory, street, affice garage (Hour) 22E.INJURY OCCURRED. A. m. WHILE AT NOT NOT WORK AT W. Inspection August A	In or about 22C. WHERE DID bldg., etc.) INJURY OCCUR? garage a 22F. HOW DID IN Shot sel copsy and that on the home of the home	JURY OCC. f inher this basis, Undetermine EXAMINER EXAMINER	death in my ned manner [opinion or county) arylar	PATE SIGNED 9-7-71 (Stote)



VS 150-REV. 1/1/68

and

1. NAME OF DECEASED (Type or Print) Crossett,	Laura L.	2. DATE AND 9-1-	HOUR OF DEATH	6:20 A
3. PLACE IN BALTIMORE, MARYLAND, V	AL OR INSTITUTION, GIVE STREET	A USUAL RESIDENCE (Where a state B. COUNTY Maryland	Baltimore	nstitution: residence before admission
HOSPITAL OR ADDRESS OR LOC	C. CITY OR TOWN Dundalk	D. INS	SIDE CITY LIMITS?	
37 Mercy Hospi	tal	E. STREET AND NUMBER	19 Kavana	YES NO A
SEX Remale 6. RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7-13-04 9. dost	AGE (In years birthdoy)	Il Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
OA USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Housewife	108 KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign Maryland	country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Percy Will 5. Was Deceased Eyer in U. S. Armed For		17. INFORMANT (Designate	Emma Dun	
(es, no or unknown) (If yes, give wor ar date	s of service) SECURITY NO. 215-24-6336	(Daugnte		Kavanagh Rd. undalk, Md. 21222
injury at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last,	death.) (B) DUE TO, OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	15 H C	2 DAYE
injury at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	ony, giving stating the (C)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	DB. IF YES, WERE	2 DAY-CO
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise is the above cause (A) UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO TO THE	me disease, death.) any, giving stating the (c) OTRIBUTING IE TERMINAL TO IT (A). DITION FOR WHICH OPERATION ORMED	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? TO City, give exact location)
Injury at complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if the constant of the constan	me disease, death.) any, giving stating the (C)	20A. AUTOPSYT (Yes or No) 20 mg in or obout 21C, WHERE DID olice bidg, INJURY OCCUR?	(II In Boltimor	USES OF DEATH?
Injury at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COLOTO TO THE DEATH BUT NOT RELATED TO TI DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B- CON WAS FERT OF CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) last saw the decease	me disease, death.) any, giving stating the (C)	20A. AUTOPSY? (Yes or No) 2: Wo office bidg, INJURY OCCUR? 21F. HOW DID INJURY hite	(II In Boltimor	USES OF DEATH?
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise in the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION CONTO TO THE DEATH BUT NOT RELATED TO THE DESATH BUT NOT RELATED TO THE DESATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19R. CON WAS PERFORM TO THE DEATH (notify medical externitine) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical externitine) 21D. TIME IMONTH) IDOY) (Year) OF INJURY IAPPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and from the causes stated 23A SIGNATURE	me disease, death.) any, giving stating the (C)	AS A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 2/1 20 20 20 20 20 20 20 2	(II In Boltimor	USES OF DEATH? TO City, give exact location)
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CONWAS FERT OF CONTRIBUTING CAUSE OF DEATH (notify medical externible) 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical externible) 21D. TIME (Month) (Paul) 22. I certify that (I) (this hospital that (I) (we) last saw the decease ond hour and from the causes stated that (I) (we) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond hour and from the causes stated that (I) (We) last saw the decease ond the causes stated that (I) (We) last saw the decease ond the causes stated that (I) (We) last saw the decease ond the causes stated that (I) (We) last saw the decease ond the causes stated that (I) (We) last saw the decease ond the causes stated that (I) (We) last saw the decease ond the causes stated that (I) (We) l	me disease, death.) any, giving stating the (C)	20A. AUTOPSY? (Yes or No) 2: While a state of the state	(II In Boltimor	IUSES OF DEATH? To City, give exact lacation) 19 Inlon death occurred on the date
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITION CO. TO THE DEATH BUT NOT RELATED TO TO THE DEATH (NOT THE TOTAL TO TOTA	me disease, death.) any, giving stating the (C)	20A. AUTOPSY? (Yes or No.) 20A. AUTOPSY? (Yes or No.) 21F. HOW DID INJURY hite 19 21F. HOW DID INJURY hite 19 19 7 19 7 New the bady after death. Mending Director Physical 23D. ADDRESS March Physical Physica	CERTIFYING CA (II In Boltimor OCCUR? Z / ta n (my) (our) opl	nion death occurred on the do

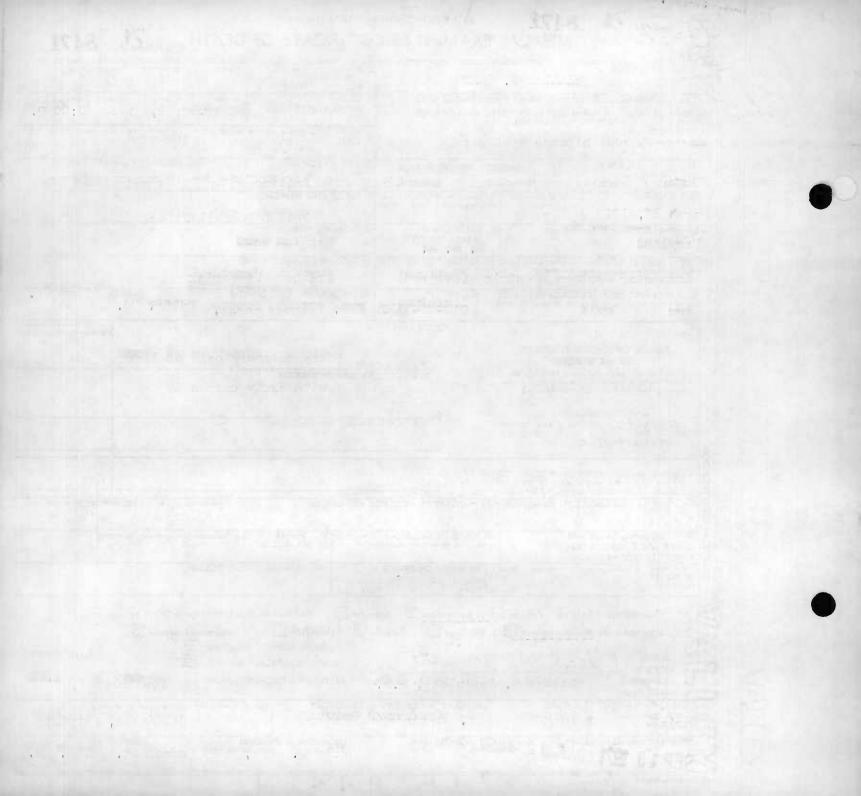
John J. Duda 7922 Wise Ave. Dundalk, Md. 21222

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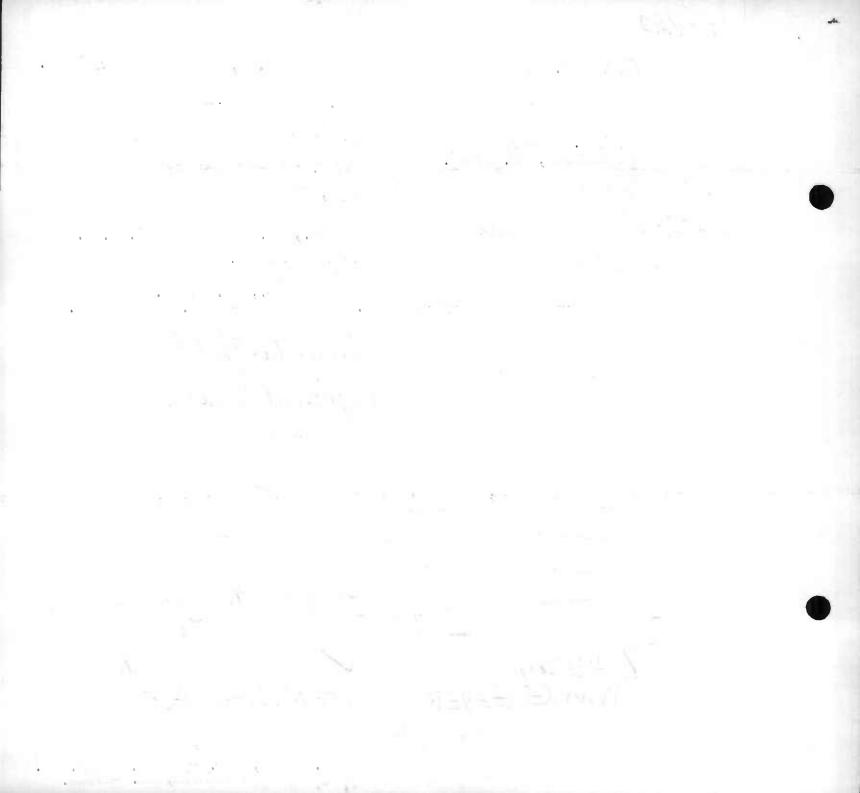
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VS 151-REV. 1/1/68



FUNERAL DIRECTOR:

	1/10)		ORE CITY	HEALTH DEPAR	TMENT						
	K-420 RTH NO.	71	8472	CERT	IFICA	TE OF DE	ATH	REG. N	0.71	8472	
	NAME OF DECEA	harles S	. Kels	10			Sept.	3, 197		5:30	P.
3.	PLACE IN BALTIN	ORE MARYLAN	D, WHERE PR	ONOUNCED DEAD		4. USUAL RESID	ENCE (When	re docoased live	L If institution	n: residence befor	a admission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HO	SPITAL OR I	NSTITUTION. GIVE ST	REET	Md.			. INSIDE CIT	Y LIMITS?	01
	00			d Avenue 21224.		Baltimo E. STREET AND	NUMBER	1.0	YES] ON	
		RACE		RIED NEVER MAR	RIED V	8. DATE OF BIRTH	Kenwo	9. AGE (In year	i ii u	nder 1 Yr. , If U	Inder 24 Hrs.
1	Male (aucasian	1.5	WED DIVOR	44	Jan 31, 1	1905	9. AGE (In year last birthdoy)	Mant	hs Doys Hour	s Min.
10/	A. USUAL OCCUPA	ATION (Give kind of	work 108, KIN	D OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State ar fore	gn country!	12. C	ITIZEN OF WHA	T COUNTRY
407	e Dealer	ring me, even il ren		elf-Employ	ed	Balto.	. Md.		1	1. S. A.	
13.	FATHER'S NAME			Jep (mprag	-	Balto.	AIDEN NA	ME	1 4	10 00 /10	
	Joseph	Kelso				Lillie !	Smith				
15. (Ye	Was Deceased Eves, no at unknown) (If	er in U. S. Armed	Forces?	1 6. SOCIAL	10	17. INFORMANT	R 1+0	Md 2:	122/	ADDRESS	
	No	Your Street Mot Of	manus of Self	security 1 212-32-		Mr. Georg	no Kol	10-220 /	L. Konu	mad Aug	
	18.	YI			OF DEATH		e nec	100 66 1	neiw	APPROXIMAT	E INTERVAL
		OR CONDITION				1		7/10	Po	BETWEEN ONS	T AND DEATH
		ADING TO DEA		(A)IMME	DIATE CAU	SE Cong	esher	e Hant	Taller	9	
	heart failure, asi	meon the made henio, etc. II me	eans the disc	e.g., DUE T	O, OR AS	CONSEQUENCE	OF:	\sim		***************************************	
		calion which cou				hara		7	10 -		
		TECEDENT CAU		(B)		Imjour	ara.	Most	frenc	1,	
	rise to the	CONDITIONS, above cause CONDITION last	(A) sloling	the (c)	O, OR AS	A CONSEQUENCE	Odo	ma /l	,	1	
		11		(0)				***********			
ATION	OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUT	NG							
	TO THE DEATH B	DITION GIVEN IN	PART 1 (A).					~		****************	
CERTIFIC	19A. DATE OF OF	PERATION 198.	PERFORMED	FOR WHICH OPERATI	ON	20A. AUTOPSY	? (Yes a Na	208 IF YES, V	VERE FINDING	GS CONSIDERED	
CER	21A. ACCIDENT	WAS UNDERLYIN	16 1	218 PLACE OF INJU	IRY (e.g., Ir			1		give exect locatio	
CAL	OR CONTRIBUTION DEATH (notify me	IGI LCAUSE QE		home, form, foctory,	street, of	ice bldg., INJURY	OCCUR?	(III III I	minited City,	give exect locallo	;
MEDI	21 D. TIME (NO	lonthi (Day) (Y	eorl (Hour)	21E INJURY OCCU			W DID INJ	URY OCCUR?		•	
2	(APPROX.)			While At	Not While	日		0.			
	22. I certify that (I) (this hospital) attended the deceased from 1911 to (Mg 3 1911)										
	that (1) (we) las				-	1971	and the	ot In (my) (sue	apintan de	eath accurred	on the date
	and have and fr	am the causes	stated abov	re. (1) (We) (dtd) (d	td not) vi	ew the bady aft		7	SD.		
	23A. SIGNATURE	7.100 1	11					-/	23 B, D	ATE SIGNED	
		115	Sly	g~	GREE Phys	ding Med	d.	Staff Phys.	16	lug -	3-71
	PHYSICIAN'S NAME (Type)	WM	E	SEVER	2	3D. ADDRESS	NM	HON-	AVE		
24/	A. BURIAL CREMA REMOVAL (Spec	TION, 248, DATE	24	C. NAME of CEMETE	RY or CRE	MATORY	24D. LC	CATION	(City, town	, ar county)	(State)
1	Burial	9/7/	71	Baltimore,	Com	eteru	Ro	ltimore,	Maryl	and	
_	SEP 10	HEALTH DEPT.	258. NA		<u> </u>	25C. FUNERAL	DIRECTOR	0	3000 E	ADDRESS Balto	Sta
US.	150-REV. 1/1/68			7-1-0		100	4 9	Daltimo	ne, I'd	-21221	-



BIR	-535 TH NO.	71	8473		TE OF DEATH	REG. NO	71 8473	
	AME OF DECEA	Samuel	Lander	hangen		AND HOUR OF DEATH	1	
3	DI ACE (N. BALTIA	MORE MARYLAND, V			Sep	t 4, 1971		PIN
FU HC	LL NAME OF OSPITAL OR STITUTION			TUTION, GIVE STREET	A. STATE RESIDENCE TO MARYLA C. CITY OR TOWN	nd	SIDE CITY LIMITS?	7 7
	00	6106 Ru Baltimo	sk ^A ve re, Md	nue 1. 21209	Baltim E. STREET AND NUMBER 6106 R	ore usk ^A venue	YES NO []
5. 5		RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)		der 24 Hrs.
ľ	Male W	hite	WIDOWED	DIVORCED	Oct. 25,188	S 84 Vrs		Min.
don	. USUAL OCCUP. during most of wor lerical	king life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign cauntry)	U.S.A	COUNTRY
13.	FATHER'S NAME	/			14. MOTHER'S MAIDEN N.	AME	U.D.H	
		Samuel :	Landen	berger	Deinin			
5. Yo	Was Decoased Ev	er in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS	
- 40	No	= =	= 01 20111Ce/		Marie Lande	nhengen 6:	106 Rusk Ave	9
_	18. // /	171		CAUSE OF DEAT	Dance	morker .	APPROXIMATE	
N	rise to the UNDERLYING (CONDITIONS, il above cause (A) CONDITION last.	slaling the	(c)	A CONSEQUENCE OF:	n aneigh	yes	••••••
ATIO	TO THE DEATH I	BUT NOT RELATED TO THE	HE TERMINAL		***************	*******		
CERTIFICATION	19A. DATE OF O	PERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or h	10) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
CAL	21A. ACCIDENT OR CONTRIBUTION DEATH (notify mo	WAS UNDERLYING [NG [] CAUSE OF edicol examiner)	21E hor etc	ne, form, factory, street, of	ice bldg., INJURY OCCUR?	(if In Boltimo	ere City, give exect location)	
MEDI	OF INJURY (APPROX.)	Nonth) (Day) (Your)		INJURY OCCURRED All Work At Work	21F. HOW DID IN	JURY OCCUR?		
	22. I certify that (I) (this hospital) attended the deceased from 1971 that (I) (we) last saw the deceased alive an 1971 and that In (my) (our) opinion death occurred an the date							
	and hour and fr	om the causes stat	ed above. (I) (He) (did) (did not) v	lew the body ofter death			
	23A. SIGNATURE	Doney	Laur		nding Med.	Staff Phys.	23B, DATE SIGNED	
	23C. PHYSICIAN'S NAME ITypo		nbaum		3D. ADDRESS L250 E. Nortl	Avenue	64	
24A	BURIAL CREMA	TION, 248, DATE		AME of CEMETERY OF CRE			ity, town, or county)	1Stote)
	Burial	9/9/7	l L	orraine Parl	Cemetery H	Baltimore,		
25A	DATE REC'D BY	HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS	Λ
VS.	SEP 10 150-REV. 1/1/68	11 V60c	BE. Jan	ا المان المان	ponovan wun	eral nome	3818 Roland	Ave



B-430 71 8474		HEALTH DEPARTMENT	71 8474					
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	0					
1. NAME OF DECEASED		2. DATE AND HOUR OF D	EATH					
BALL BALL	ATTS-	2 5 EPT	1971 1650 77m.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	d. If institutions residence before admission					
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	STITUTION, GIVE STREET	C. CITY OR TOWN	002					
BALTIMORE COTY to	58-TALS		. INSIDE CITY LIMITS?					
MAHO EASTERN AVE		E. STREET AND NUMBER	YES NO					
5. SEX 16. RACE 17. MARCH		ZG WORTH MIL	3VA CHUT					
FEMALE CAUCHTHAN WIDOW		8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND		15 2/6/4 1920 57	12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)			USA					
13. FATHER'S NAME		Baltimore Id.	0311					
John McWilliams								
		Catherine Glover						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! Of yes, give wor or dates of service	SECURITY NO.	17. INFORMANT	ADDRESS					
No	215-14-4487	HUSPITAL RECOR	0.5					
18. 4 10.4	CAUSE OF DEATH		APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY		•	BETWEEN ONSET AND DEATH					
(A) IMMEDIATE CAUSE HOUTE MUCICIPEDA DE CONTROLLE								
heart failure, asthenia, etc. It means the disea	heart failure, asthenia, etc. It means the disease.							
injury or camplication which coused death.)	HTHER	poscretous Head	STABENCE -					
ANTECEDENT CAUSES	(B) KHEU	MATIC HEART DIS	SENJE HOYRS					
DISEASES OR CONDITIONS, il any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:	VALUE					
UNDERLYING CONDITION last.	(c) MITTERY							
- 11								
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 17B. CONDITION FO WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING.	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?					
U 21A ACCIDENT WAS UNDERLYING	18 PLACE OF INJURY (e.g., in	488 4	63					
OR CONTRIBUTING CAUSE OF	ome, form, foctory, street, off	ce blde INTITOY OCCUPY	timore City, give exact location)					
U L	NIA	NA						
S OF INJURY	1E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
II (APPROX)	While At While At Work							
22. I certify that (1) (this hospital) attended	22. I careful these (I) (shie harmtest) attended to the control of							
that (1) (we) last saw the deceased allye ar	Interval 18 / A territorial and the second and the							
and haur and from the causes stated above.	and have and from the causes stated above. (I) (We) (did) (did not) view the bady after death.							
23A, SIGNATURE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and such attended the	23B, DATE SIGNED					
Australlist in	Atten	ding Med. Staff Phys.	0					
23C. PHYSICIAN'S NAME (Type)	PLOKEL		2557 1971					
	1 201	BALTO CITY H	tospirates					
24A. BURIAL CREMATION, 124B. DATE 124C	NAME OF CEMETERY OF CREE	BALTO MO						
REMOVAL (Specify)	NAME OF CEMETERY OF CREA	AATORY 24D. LOCATION	(City, town, or county) (Stotel					
	ak Lawn Cemeter		. Ad.					
000 1 1 1 1 1 1 1 1	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
SEP 10 157 (1684) 2 34	Benjard	John C. Miller Inc-64	ADDRESS 15 Belair Rd21206					

VS 151-REV. 1/1/68

Dennie Cornell

S-161 74 0176		HEALTH DEPARTMENT	REG. NO.	71 8476	
5-/66 71 8476	CERTIFICA	TE OF DEATH			
Type or Print) Edna E. Spi	urrier	9/4/71	D HOUR OF DEATH	38	
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) 3837 Brooklyn Ave		a. STATE B. COUN C. CITY OR TOWN Balto E. STREET AND NUMBER 3837 Brooklyn 1	D. INS	SIDE CITY LIMITS? YES NO	
SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.	
Female white WIDOV	VED DIVORCED	May 5 1906	65	Williams Doy's Troots Williams	
6A. USUAL OCCUPATION (Give kind of work 10B, KINE lone during most of working life, even if retired)	o of business or industry sergife	11. BIRTHPLACE (State or forei	gn country)	US A	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
Robert J Dorsey		Owensa Harri	son.		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no arunknown) (If yes, give war or dates of servi	security No.	17. INFORMANT	0	Brooklyn 21225	
DISEASES OR CONDITIONS, if ony, given see to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION F	(C)	A CONSEQUENCE OF:)] 20B, IF YES. WEBE	FINDINGS CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	or which or example	no	IN CERTIFYING C	AUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltime	pre City, give exact lacation)	
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)	While At Not While Work At Work	e 🔲			
22. I certify that (I) (this hospital) attended the deceased from hund 19) to 9-4 19) that (I) (we) lost sow the deceased alive on 9-4 19) and that in (my) (our) opinion death occurred on the do and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.					
23C. PHYSICIAN'S NAME (Type) AI	DEGREE Phy	miding Med. Director	S raff Phys.	9-7-71	
4A. BURIAL CREMATION, 24B. DATE 241 D REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI	70) Km	OCATION (e, Bullikyl. 212 City, town, or county) (State	
urial 9/8/71	Loudon Park Cem	etery 380	02 Frederic	k Road	
SA. DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	7 Patpsco Ave 25	
S 150-REV. 1/1/68	7		we nome 2)	, acpourtive 2)	

H - B 16

Cure.

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FUNERAL DIRECTOR:

9:20

No 🗆

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

ADDRESS

If Under 24 His. Hours

DIRECTOR:

FUNERAL

150-REV. 1/1/68

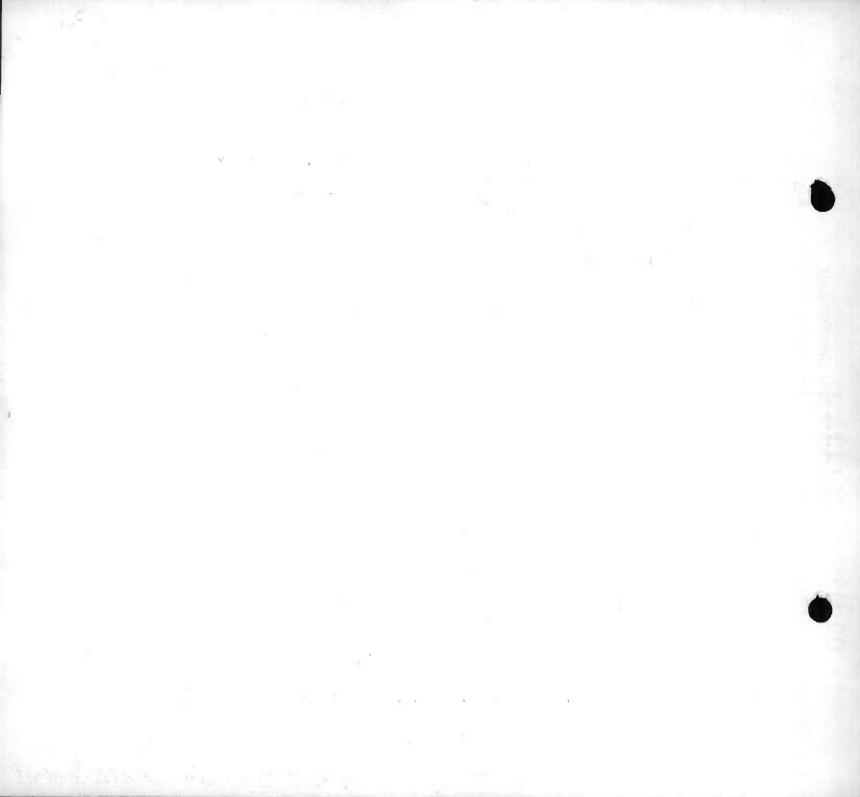
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ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

Il Undor 24 Hrs. Hours



VS 150-REV. 1/1/68

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25C. FUNIERAL DIRECTOR

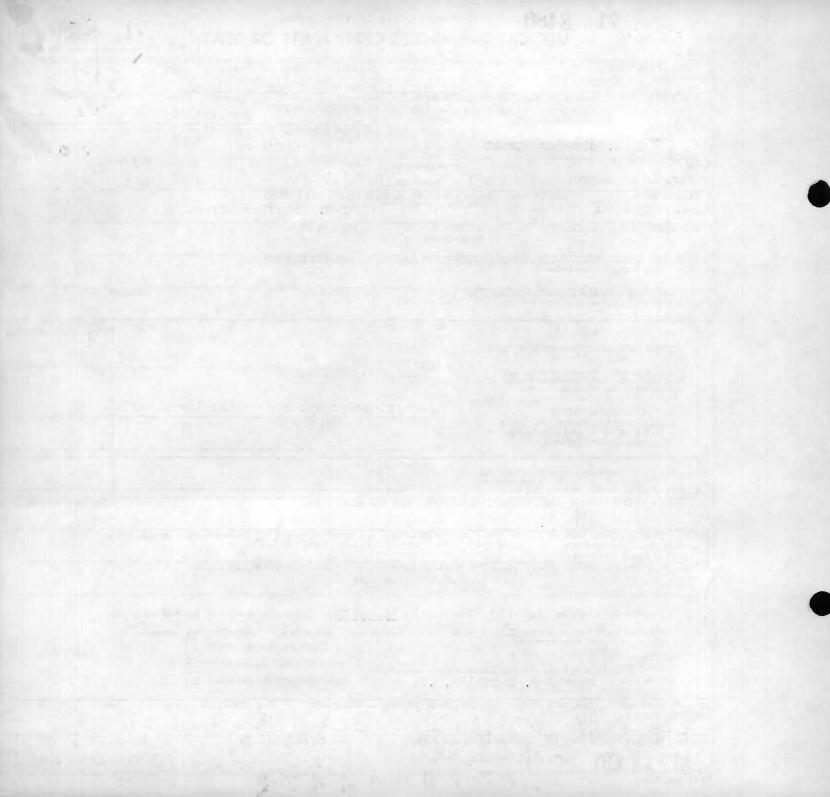
ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

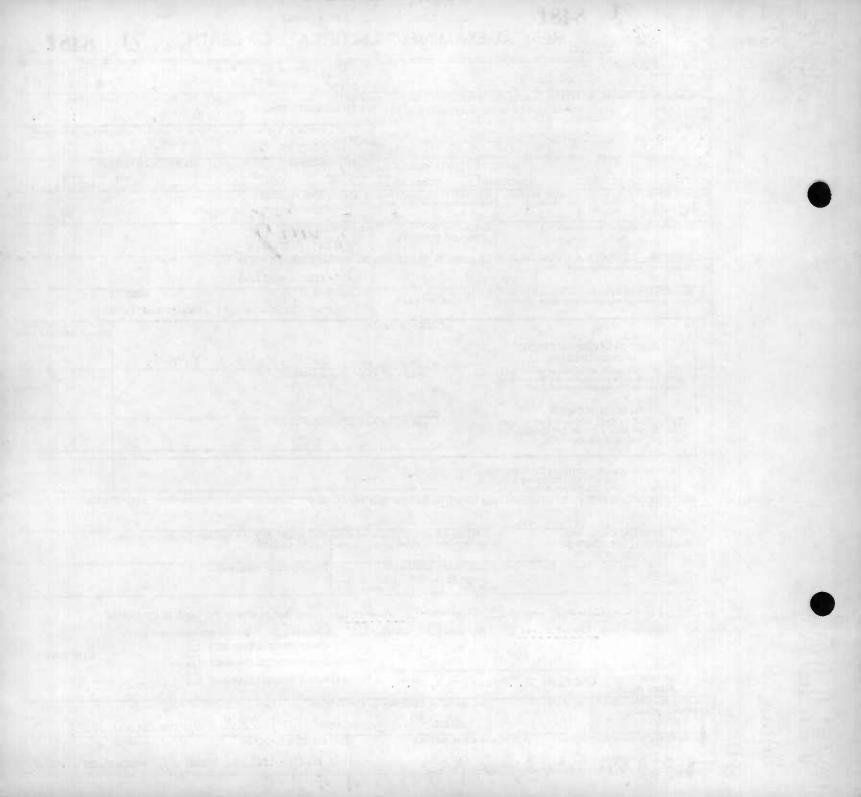
VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

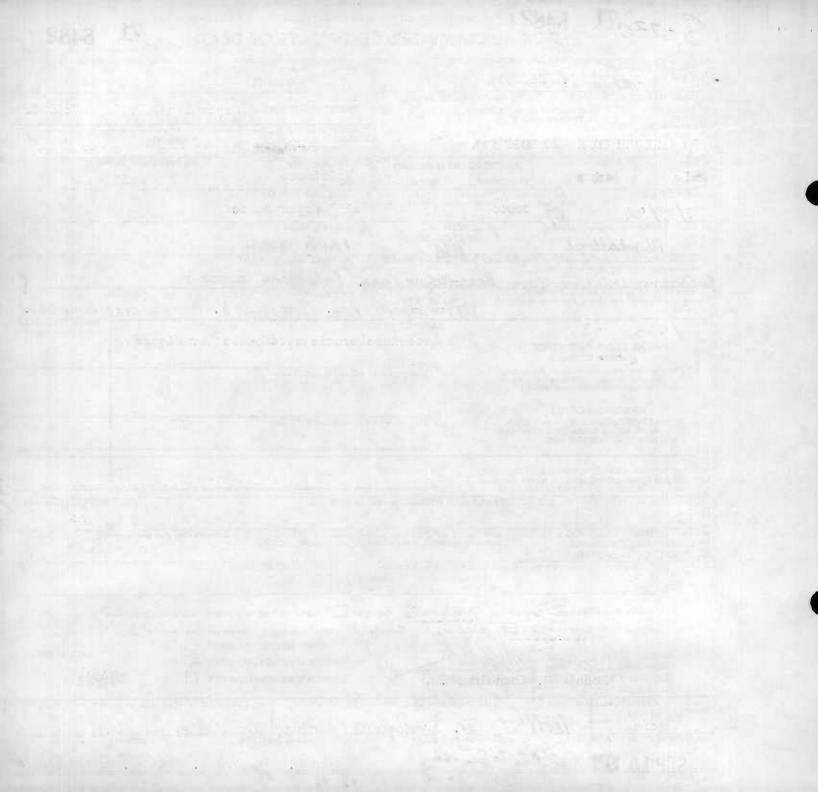
Jaben, K.D.



1	S-140 8481	BALTIMORE CITY HE		7 "
	MEDICA 10-14550 MEDICA	L EXAMINER'S	CERTIFICATE OF DEATH,	REG NO 71 8481 .
1	. NAME OF DECEASED		2. DATE Known 🕅 Month	
G	ERIC SAUBLE		DEATH Estimated D September	r 1 1971
	PLACE IN BALTIMORE, MARYLAND, WHERE F		3. DATE Month	Day Yeor Hour
H	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	PRONOUNCED DEAD September	
	Sputh Baltimore Genera	al Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. I A. STATE Maryland B. C	f Institution: residence before admission) OUNTY ANNE ARUNDEL
6.	SEX 7. RACE 8. MAR	RIED NEVER MARRIED		INSIDE CITY LIMITS?
		WED DIVORCED	Balto	YES NO A
1	August 24 1970 10. AGE (In years last birthdoy)	Months Days Hours Min.	239 Hammonds Lane	
11	I. BIRTHPLACE(State or fareign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Earl B Sauble	
14	A.USUAL OCCUPATION (Give kind of work 14B. KIN one during most of working lile, even if relired)	O OF BUSINESS OR INDUSTRY		
	we do this most of working hie, even it relited)		Darlene Burriss	
16	. WAS DECEASED EVER IN U.S. ARMED FORCE es, no or unknown) (If yes, give war ar dates af service	S? I7. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
-	119.		Darlene Burriss 239 Hamm	
н	775 X	CAUSE OF DEA	TH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
П	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C-11 1 41 · · ·	
н	(This does not mean the mode of dying, e.g.,	(A)IMMEDIATE C	AUSE Sudden death in inf	rancy
П	heart follure, asthenia, etc. It means the disease, injury or complication which caused death.)			
П	ANTECEDENT CAUSES	(0)		
1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR	AS A CONSEQUENCE OF:	
12	UNDERLYING CONDITION LAST.	and .		
		(C)		
OF C	11	(C)		
CATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	TING		
RTIFICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	TING UNAL	S. PERSONATE.	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	TING UNAL	S PERFORMED	21. AUTOPSY? (Yes ar No)
		TING MINAL FOR WHICH OPERATION WA		Yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	TING MINAL FOR WHICH OPERATION WA	S PERFORMED In or about 22C, WHERE DID (If in Baltimore City bidg., etc.) INJURY OCCUR?	Yes
MEDICAL CERTIFICATIO	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou	TING INAL FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office		Yes
FDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	TING INAL FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office r) 22E.INJURY OCCURRED WHILE AT NOT	22C. WHERE DID (If in Baltimore City bidg., etc.) INJURY OCCUR?	Yes
FDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23.	TING INAL FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, farm, factory, street, office r) 22E. INJURY OCCURRED. WHILE AT NOT AT WO	in or about 22C, WHERE DID (If in Baltimore City bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	Yes
FDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that 1 held an Inquiry	TING INAL 22B. PLACE OF INJURY (e.g., home, form, factory, street, office r) 22E. INJURY OCCURRED. WHILE AT	22C. WHERE DID (If in Baltimore City bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? WHILE	Yes y, give exact location) h in my opinion
FDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23.	TING INAL FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, farm, factory, street, office r) 22E. INJURY OCCURRED. WHILE AT NOT AT WO	22C. WHERE DID (If in Baltimore City bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? Opsy ond that on this basis, death	Yes y, give exact location) h in my opinion
FDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that 1 held an Inquiry	TING INAL 22B. PLACE OF INJURY (e.g., home, form, factory, street, office r) 22E. INJURY OCCURRED. WHILE AT	22C. WHERE DID (If in Baltimore City bidg., etc.) 1NJURY OCCUR? 22F. HOW DID INJURY OCCUR? Opsy ond that on this basis, death Homicide Undetermined in CHIEF MEDICAL EXAMINER	Yes y, give exact location) h in my opinion nanner
FDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry [resulted from: Natural causes X ACTUAL SIGNATURE	TING INAL FOR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, farm, factory, street, office r) 22E. INJURY OCCURRED WHILE AT NOT AT W. Inspection Aut Accident Suicide M.D.	OPSY ON OTHER DID (If in Baltimore City 22F. HOW DID INJURY OCCUR? WHILE ORK OPSY ON OTHER DID (If in Baltimore City 22F. HOW DID INJURY OCCUR? OPSY ON OTHER OTHER OTHER CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	Yes T, give exact location) The in my opinion namer DATE SIGNED
FDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry [resulted from: Natural causes X ACTUAL SIGNATURE	TING INAL 22B. PLACE OF INJURY (e.g., home, form, factory, street, office r) 22E. INJURY OCCURRED. WHILE AT	OPSY ON OTHER DID (If in Baltimore City 22F. HOW DID INJURY OCCUR? WHILE ORK OPSY ON OTHER DID (If in Baltimore City 22F. HOW DID INJURY OCCUR? OPSY ON OTHER OTHER OTHER CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	Yes y, give exact location) h in my opinion nanner
TACIOSM TACIOSM	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry resulted from: Natural causes X ACTUAL SIGNATURE EXAMINER'S Charles S. S.	TING INAL FOR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, form, factory, street, office r) 228. INJURY OCCURRED MHILEAT NOT AT WO Inspection Aut Accident Suicid Dringate, M.D. 24C. NAME of CEMETERY of CEME	OPSY ON CREMATORY 22C. WHERE DID (If in Ballimore City bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? OPSY Ond that on this basis, death Undetermined in Chief Medical examiner ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (1)	Yes T, give exact location) The in my opinion nanner DATE SIGNED September 2, 1971 City, lown, or county) (Slote)
24 RI	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry resulted from: Notural causes X ACTUAL SIGNATURE EXAMINER'S NAME (Type) 1A. BURIAL CREMATION, EMOVAL (Speetry) 9/4/71	TING INAL FOR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, form, factory, street, office r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY (e.g., home, form, factory, street, office) r) 228. PLACE OF INJURY OCCURRED MHILEAT NOT ATWARD Accident Suicide Accident Suicide Accident M.D. pringate, M.D.	OPSY ON CREMATORY 22C. WHERE DID (If in Ballimore City bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? OPSY Ond that on this basis, death Undetermined in Chief Medical examiner ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION (1)	Yes fin my opinion nanner DATE SIGNED September 2, 1971
24 RI	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 23. 1 certify that I held an Inquiry resulted from: Notural causes X ACTUAL SIGNATURE EXAMINER'S NAME (Type) 1A. BURIAL CREMATION, EMOVAL (Speetry) 9/4/71	TING INAL FOR WHICH OPERATION WA 22B. PLACE OF INJURY (e.g., home, form, factory, street, office r) 22E. INJURY OCCURRED. WHILE AT NOT NOT WORK Suicide Inspection Aut Accident Suicide Pringate, M.D. 24C. NAME of CEMETERY (e.g., home) AME OF REGISTRAR	22C. WHERE DID (If in Baltimore City bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	Yes y, give exact location) The in my opinion manner D DATE SIGNED September 2, 1971 City, lown, or county) (Slote) exay Balto 21225 ADDRESS

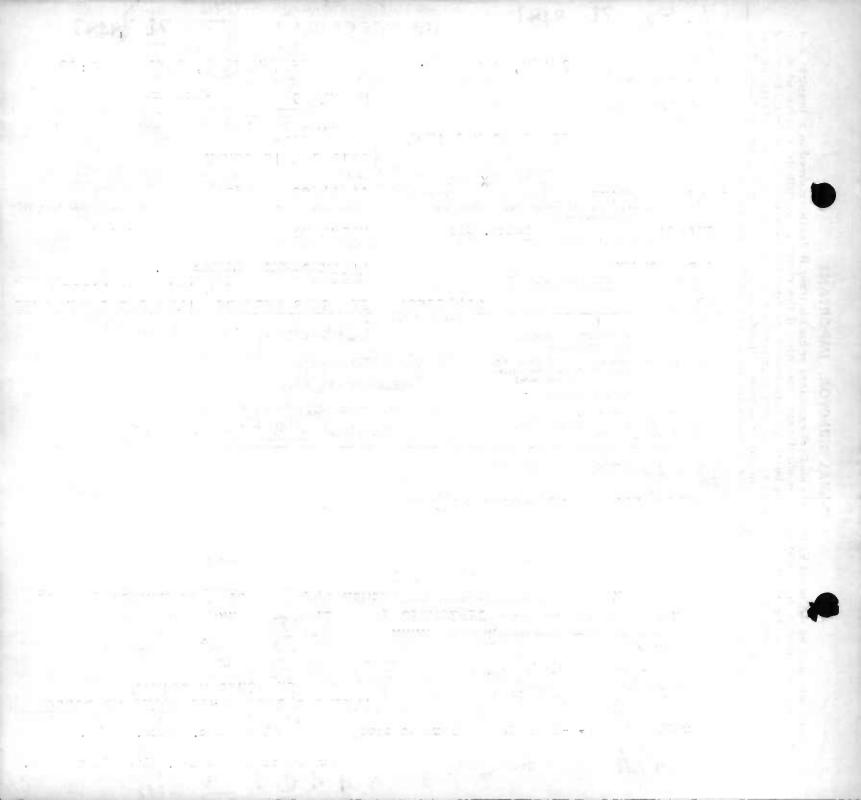


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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

174 0400	BALTIMORE CITY	HEALTH DEPARTMENT	1				
5-530 71 8483	CEDTIEICA	TE OF DEATH	REG. NO. 174 0402				
BIRTH NO.	CERTIFICA		11 0400				
1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH				
SMITH.	JOHN L.	\$ EPTEME	BER 6. 1971 3.50 P M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4, USUAL RESIDENCE (Where	deceased lived. If institution; residence before admission)				
FULL NAME OF UF NOT IN HOSPITAL OR IN	TOTAL CIVE STATE	MARYLAND	Baltimore				
HOSPITAL OR ADDRESS OR LOCATION)	SHIDHON, GIVE SIKEEL	C CITY OF TOWN	D. INSIDE CITY LIMITS?				
INSTITUTION		MOODIT	AWN YES NO M				
ST AGNE	S HOSPITAL	E. STREET AND NUMBER	I AEP NO TO				
70	3 11031 1111		0.00				
		1917 CALAIS C	COURT				
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH ?.	AGE (In years If Under 1 Yr., it Under 24 His. Months! Doys : Hours : Min.				
MALE WHITE WIDOW	ED DIVORCED	12/14/03	of birthday) Months Doys Hours Min.				
A LE WHITE WIDOW							
done during most of working life, even if refired)	Of BOSINESS OR INDUSTRI	The state of the state of the state of	County, Cooking				
RETIRED Bal	to. City	MARYLAND	USA				
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME					
JACOB SMITH		XXXXXXXXXXXXXXX	Lillie M. Sanks				
5. Wee Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give war or dates of service	16. SOCIAL	17. INFORMANT	BALTIMORE MD 21229				
NO *	214405501	ST AGNES RECO					
18. 2 4 0 Y 1	CAUSE OF DEAT	4() 0 - 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY		Resporcatores	alun, BETWEEN ONSET AND DEATH				
LEADING TO DEATH							
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the disea	ise,	A CONSEQUENCE OF					
injury or complication which caused death.)	new	mom to					
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giv	OUE TO OR AS	A CONSEQUENCE OF	1. / 1				
rise to the above cause (A) stating	the Alla	Nul F	the scleroses				
UNDERLYING CONDITION last	(c) Yal V	anux. Much	The scarous				
Z CONTRACTOR CONTRACTOR							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19 ADDATE OF OPERATION 198 CONDITION FO	R WHICH OPERATION	20A-AUTOPST? (Yes or No)	208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
WAS PERCEMBED	nagra	NO					
13 121 A. ACCIDENT WAS UNDERLYING THE	218 PLACE OF INJURY IS ON	o or about 21C WHERE DID	(If in Boltimore City, give exoct location)				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, form, foctory, street, of	nice bidg. INJURY OCCUR?	67 11				
U	eres .						
21D. TIME (Month) (Doy) (Year) (Houst	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?				
E OP INJURY (APPROX)	While At Not While	• [7]					
(APPROX)	Work At Work						
22. I certify that (1) (this hospital) attende	22. I certify that (1) (this hospital) attended the deceased from AUGUST 24/ 1971 to SEPTEMBER 6 1971						
that (IV (wa) last causeho decorred alive	CEDTEMBED 6	10 71 and show	talfeld) (aur) animing death accurred on the date				
			in (int) (our) opinion death occurred on the date				
and hour and from the causes stated above	.)(i) (We) (did) ()(i)()(o)(v	lew the body after deoth.	^				
23A. SIGNATURE			23B, DATE SIGNED				
15V. V. Canoch		inding Med. St.	roff (\dagger)				
IMM .7 NVUY V	OEGREE Phy	s. Director L Pt	hys. 🗹				
23C. PHYSICIAN'S	, \	23D. ADDRESS ST AG	NES HOSPITAL				
DK"(2) UK1-5 H							
The state of the s	DEGREE	WILKENS & CATO					
PEAACOVAL (Special VALVA PARTIES	NAME of CEMETERY OF CR						
Burian 9-9-1971 L	oudon Park Ceme	tery Wilke	ens Ave. Balto. Md.				
25A. DATE REC'D BY HEALTH DEPT. 255 NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
	DE OF REGISTRAK	Bubband Tunoral	Home Inc. 4107 Wilkens Ave.				
SEP 10 1977 UGBOOK E YOUR	ay ALD	nubbald fulletal	t Home the, 4107 withens 2200				



1 21/1	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. 71 8484	CERTIFICA	TE OF DEATH REG. NO.	71 8484			
(Type or Print) APLER.	HARRY	2. DATE AND HOUR OF DEATH	1 1.45 P.N			
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission			
FULL NAME OF HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATIONI	ITUTION, GIVE STREET	11	SIDE CITY LIMITS?			
43INAI HOSPITAL	OF BALTO	E. STREET AND NUMBER 3818 MC, D XXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ONOUGH ROAD XX + 1 Z.			
MALE WIDOWE		8. DATE OF BIRTH 4 17/96 S. AGE (In years last birthday) 75	If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.			
OA, USUAL OCCUPATION (Give kind of work 108, KIND (OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
RETIRED MERCI	IANT	BALTIMORE, MARYLAND	USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
JACOB ADLER		LEAH NAVINANSKY				
. Was Deceased Ever in U. S. Armed Forces? es, na or unknown) all yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
YES W.W. I	212-18-3558A	MRS. FANNYE COHEN, 3114 SH	ELBURNE RD. #21208			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart faiture, astheriac, etc. It means the disease injury or complication which coused death.) ANTECEDENT CAUSES	,	ROSCLEROTIC CARDIOL A CONSEQUENCE OF:				
DISEASES OR CONDITIONS, if any, giving the lotte above couse (A) stating the UNDERLYING CONDITION lost.	(C)	A CONSEQUENCE OF:	MANY YEAR			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***********************					
19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	NO 2004 AUTOPST? (Yes or No.) 208, IF TES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
	B. PLACE OF INJURY (e.g., ime, form, foctory, street, of	n or about 21C, WHERE DID (If In Baltime lice bldg, INJURY OCCUR?	ore City, give exact location)			
E OF INJURY	thile At Not While	21 F. HOW DID INJURY OCCUR?	- / -			
22. I certify that (I) (this hospital) attended the deceased from 9 19 19 19 11 to 9 7 19 1. that (I) (we) last saw the deceased of live on 19 and that in (my) (our) opinion death occurred on the date						
and haur and from the causes stated abave. (1) (We) (did) (did-not) view the body after death.						
gulray A. Pets	DEGREE		23 B. DATE SIGNED 9/7/71.			
23C. PHISICIAN'S NAME (Type) AND CEAR A		SINAL HOSPITAL OF	RALTIMORE			
4A. BURIAL CREMATION, 24B. DATE 24C.N	ETSAS DEGREE NAME OF CEMETERY OF CRE THEL MEMORIAL	MATORY , 24D, LOCATION IC	ily, town, or county) (State)			
	OF REGISTRAR	SOL LEVINSON & BROS.,601	ADDRESS O REISTERSTOWN ROAD			

man Hut

DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE

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Reference to the first term of the second

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

 IMPORTANI

DIRECTOR:

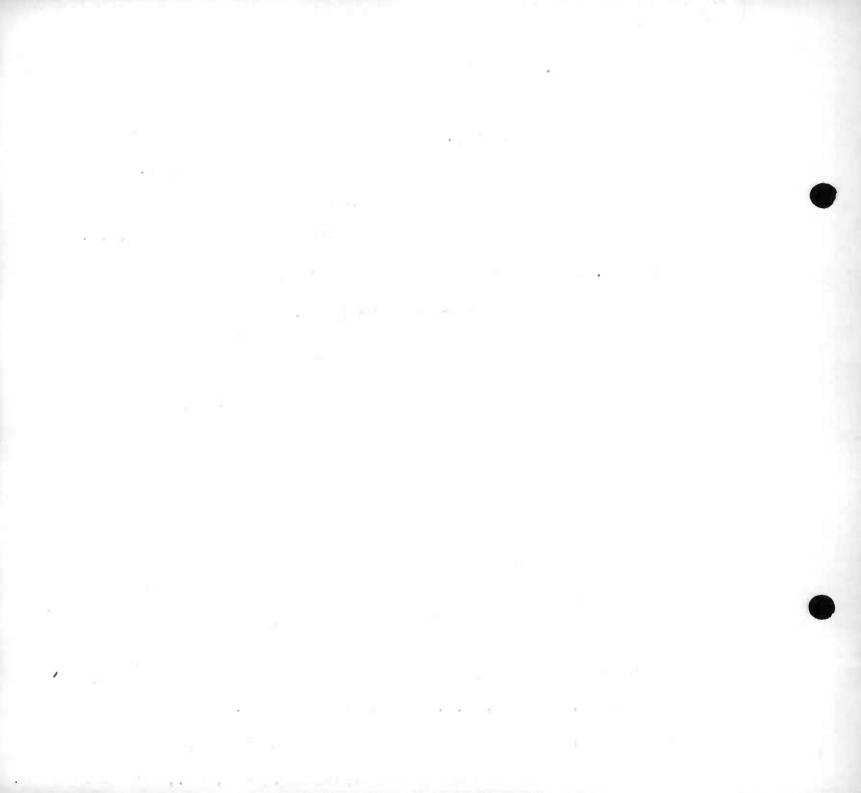
FUNERAL

VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

K-45	71	848	לים		TE OF DEA		NO. 71	8487
BIRTH NO.	ECEASED	040	30,	CERTIFICA		ATE AND HOUR OF	55.70	9206
(Type or Print)	Ethe	l M.		Kelm		9-7-71	DEATH	
3. PLACE IN B.				OUNCED DEAD	4. USUAL RESIDEN	CE (Where deceased li	ved. If institution:	residence before admission
FULL NAME O	E (IE NOT	M HOCKE			Maryla:	COUNT		077
HOSPITAL OR	ADDRES	S OR LOCA	TION)	TUTION, GIVE STREET	C. CITY OR TOWN	ilu	a taking cimi	023
	2885 Ch	ester	field	ATTO	Baltim	ore	D. INSIDE CITY L	
00	2007 011	.03061	TTETA	AVC.	E. STREET AND NU		I LES [V]	но 📗
				2	2885 0	nesterfiel	ld Ave	
SEX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		er 1 Yı. II Under 24 Hıs
F	Cauca		WIDOWE		11-25-91	lost bisthday)	Months	Pri Yi. Il Under 24 His. Doys Hours Min.
A. USUAL OC	CUPATION (Give	kind of work	108, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	at foreign country!	12, CITI	ZEN OF WHAT COUNTRY
one during most (of working life, eve	en if retired)			Manyla			.S.A.
FATHER'S N	AME Te				14. MOTHER'S MAIL		U	. O . A .
					MOINER'S MAIL	EN NAME		
	non J.					Lee Brown		
es, no or unknow	ed Ever in U. S. vn) (If yes, give	Armed Forc	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No				220-44-268	Robert V	Kelm		
18. 4/- /	0.01			CAUSE OF DEAT	H	TEOTHI	1	APPROXIMATE INTERVAL
DISE	ASE OR COND	ITION DIR	ECTLY		C 1 R		2	BETWEEN ONSET AND DEATH
(71)	LEADING TO			(A)IMMEDIATE CAL	se (Culi C	volum Oc	Olema	Te, Much
heart failure	nat meon the , asthenia, etc.	. It means	the disease	/**/	A CONSEQUENCE OF:	dade harralana fan I		***************************************
injuly at co	implication whi	ch caused	death.)	. 1	a - A	n	1 -	
	ANTECEDENT	CAUSES		(or longe	Lunas or	dorpoula	A.D.	chan
DISEASES	OR CONDITIO	ONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF			
UNDERLYIN	he abave co	nuse (A) N last	slaling the	(c)			i	
	11			(6),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************
OTHER SIGN	IFICANT CONDI	TIONS CON	TRIBUTING				1	
DISEASE OR	ATH BUT NOT REI CONDITION GIV	LATED TO THE	E TERMINAL	************	*********			
19A. DATE O	F OPERATION	198 COND	ITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	s or Na) 208, IF YES,	WERE FINDINGS NG CAUSES OF E	CONSIDERED
0			KMED			IN CERTIFY	NG CAUSES OF	DEATH?
OR CONTRIB	ENT WAS UND	ERLYING D	211	B. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE	DID (If In	Boltimare City, give	e exact facotion)
DEATH (notif	y medical exam	ined	elc)	are magalinanki oci	JU K!		
21D. TIME	(Manth) (Do	y) (Yeor)	(Hour) 218	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
21 D. TIME OF INJURY (APPROX.)			W	hile At Not While				
	.1 . /45 / 1		W				Sal.	1 0.
				he deceased from	June 15	19 5 to_	M	19_//_
1) last sow the			4	5 19//	and that In (my) (o	ur) apinian deat	h occurred on the date
ond hour or	nd from the co	uses state	d above. (I) (We) (did) (did nat) v	lew the body ofter o	leath.		
23A. SIGNAT	URE	201) .				23B, DAT	E SIGNED
1 11	JUllon	a Kil	llan	A/ I Dh	Med.	Staff Phys.	9-	7-71
23 C. PHYSICI	AN'S Type)			DEOREE	3D. ADDRESS	111730		111
1	illiam	L. Fo	aring	. M.D.	3025 Bela	ir Rd		
A. BURIAL CR	EMATION, 248.	DATE		AME of CEMETERY OF CRE			16:1.	
		144 100		* *		24D. LOCATION	(City, town, or	
Bur:		/11/7		st Holy Rede		Baltimore	e, Maryla	and
OF DAIL REC'I	D BY HEALTH C	0	1 1 1	OF REGISTRAR	25C. FUNERAL DI			ADDRESS
SE	F 1 () 197	168	LEE. V	deber MD.	Leonard	J. Ruck . I	nc.,5305	Harford Rd
150-REV. 1/1	/68	UCOCA	COD BOX 4		Leonardo	J. GRUCK I	nc.,5305	Harrord Ro



death assistant if IMPORTANT or his FUNERAL DIRECTOR: the chief medical examiner approved by must be

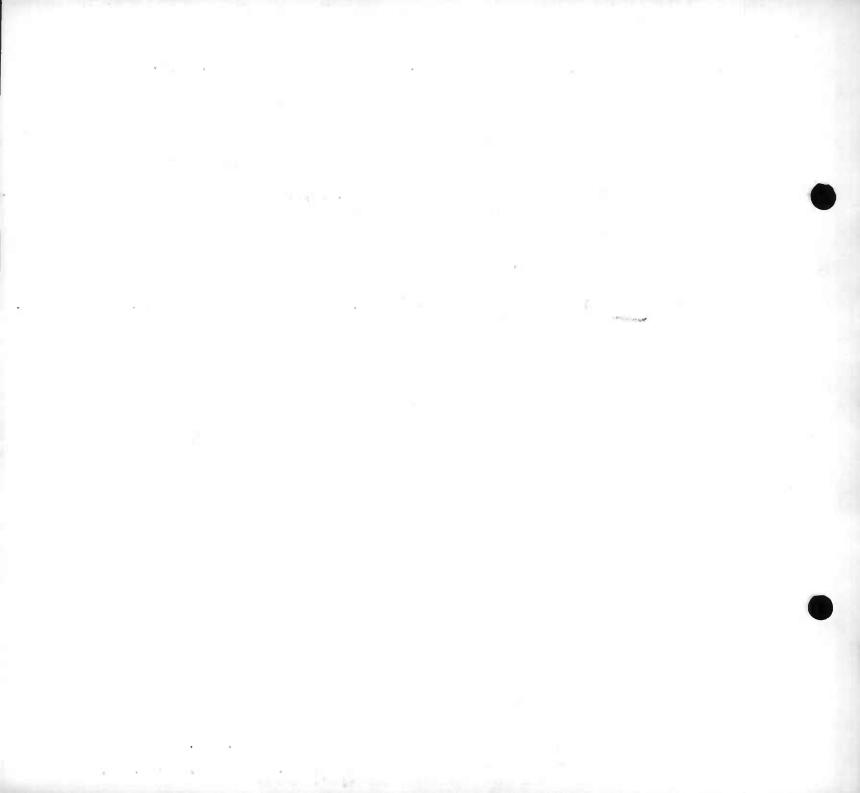
VS 150-REV. 1/1/6B

14	BALTIMORE CITY	HEALTH DEPARTMENT	×	
1 8488	CERTIFICA	TE OF DEATH	REG. NO.	71 8488
		2. DATE	AND HOUR OF DEATH	0400
C. an	derson	9/	5/21	121:15 P.M.
RYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE/IW A. STATE B. COL	here deceased lived. If i	nstitution: rosidence before admission)
IN HOSPITAL OR IN	STITUTION, GIVE STREET	E. CITY OR TOWN	altimo	SIDE CITY LIMITS?
		3- 1+A	1	YES A NO
D Grene	ral Hosp.	E. STREET AND NUMBER	4G88dW88d	lo-l
		12008	JACON WEGGER	cky
7- MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
widow		10-24-05	65	
e kind of work 10B, KINE on if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Beth. Steel.	Sweden		USA
		14. MOTHER'S MAIDEN N	AME	
st Anders	on	Johannah	Erickson	
Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
wor or doles or service		Culi	- On Day	
	2/3 -09-345/ CAUSE OF DEATH	YELO	Malerio	APPROXIMATE INTERVAL
	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH
DITION DIRECTLY	From	Cho genia	Co	
e mode of dying,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	accino	711
c. It means the disenich caused deoth.)		A CONSEQUENCE OF:		
IT CAUSES	Cm	nuema		
IONS, if any, give	DUE TO, OR A5	NYEMA A CONSEQUENCE OF:		
ouse (A) sloling				
ON lost.	(C)		,	
DITIONS CONTRIBUTIE				
ELATED TO THE TERMINIVEN IN PART 1 (A).	IAL			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If In Boltimo	pre City, give exect location)
USE OF miner)	home, farm, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		A. A. S. S.
Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	While At Not While	e 🗂		
	Work L At Wark			41
ts haspital) attende	ed the deceased fram	1///	19 2/ta	pf
he deceased alive	on 7/6/7/	19and	that in (my) (aur)	inian death accurred on the date
auses stated above	e. (1) (We) (did) (did nat) v	iew the bady after deat	1.	
1/1/				23B. DATE SIGNED
N. Kerl	DEGREE Phys	nding Med.	Shaff Phys.	9/6/2/
1 /6	DEGREE	23D. ADDRESS		1/
M. H159	Op miD			
B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
/10/71 N	ew Cathedral	Bal	to. MD.	AL THE STATE OF TH
DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
11 165 E	Laybey M.D.	Leonard J.	Ruck Inc.	Balto. Md.
		3 4 4 0	:3	

IMPORTANT

FUNERAL DIRECTOR:

A-55	73 71	8489		TE OF DEATH	REG. NO. 7	1 8489
1. NAME OF DE (Type or Print)		PHILIP	AMENDT, JR.		mber 6, 1971	. v A
3. PLACE IN BA	LTIMORE MARYL			14. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION		HOSPITAL OR IN	STITUTION, GIVE STREET	Florida C. CITY OR TOWN		DE CITY LIMITS?
A A	2800 W	a Track Array		Clearwater	D. 114311	YES X NO
00	3809 W	alnut Ave	nue	E. STREET AND NUMBER	2477 Brentwo	
Male	%. RACE White	7- MARRI WIDOW	ED XX DIVORCED	8. DATE OF BIRTH Feb. 12, 1896	9. AGE (In years lost birthdoy) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Retired	Plumbing Plumbing	refired }	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore Marylar	nd	USA
13. FATHER'S NA		tian P.	Amendt	14. MOTHER'S MAIDEN NA		Campbell
5. Wos Deceose Yes, no or unknow	d Ever in U. S. An	ned Forces? or dotes of servic	e) 1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes	WW 1		219-30-7743	A. Dale Amer	ndt 8412 Cl	nas. Valley Ct.
DISEASES rise to 11 UNDERLYIN OTHER SIGNI TO THE DEA	not mean the man, asthenia, etc. It mplication which ANTECEDENT COR CONDITION to obove cause IG CONDITION In IFICANT CONDITION THE BUT NOT RELATION DIVEN	means the diseacaused death.) AUSES S, if any, giving the state of t	ing DUE TO, OR AS the (c) Laterage	aconsequence of: any Occlusion	Jusease	
	w.	AS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIB	NT WAS UNDERLUTING CAUSE (y medical examined) F —	218 PLACE OF INJURY (e.g., i home, form, loctory, street, or etc.)	n or obout 21 C. WHERE DID	(II In Boltimore	Clly, give exact lacotion)
21D. TIME OF INJURY (APPROXI	(Month) (Doyl		White At Not White At Wark		URY OCCUR?	. 11 22 1
that (I) (we	Plast saw the de	ceased alive a	7	the terms of the t	19 <u> </u>	ian death accurred on the date
23A. SIGNAT	Kun N/C	Janu al	DEGREE Phys	. 10	Staff Phys.	23B DATE SIGNED
NAME (Typel JOHN V	V BAR	A A B Y DEGREE			/
REMOVAL	(Specify)		NAME OF CEMETERY OF CRE			, town, or county! (Stote)
Buria] 25A. DATE RECT	D BY HEALTH DEP		Parkwood e of REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS lto. Md. 21214
/S 150-REV. 1/1/	/68	- 7	70 100	0 4 4 8 6	Lite Da	LOO. MU. CICIT



7/8490	BALTIMORE CIT	HEALTH DEPARTMENT	my.	· OADA
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	0.499
1.NAME OF DECEASED (Type or Print)	NALLACE		HOUR OF DEATH	3790
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Where	at 10:10 Ar	M.
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION) INSTITUTION		A. STATE B. COUNTY M D C. CITY OR TOWN		1304
UTHERAN HOSPITA	L 730	BALTIMORE	D. INSIDE C	S NO NO
ASHBURTON ST, BALT	,	E. STREET AND NUMBER		PARKWAY
5. SEX 6. RACE 7. MAR	RRIED NEVER MARRIED			Under 1 Yı. II Under 24 Hrs.
	OWED DIVORCED		110	nins Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY		country) 12	CITIZEN OF WHAT COUNTRY?
APAIO DO	MESTIN	MARYLAND		U.S.A.
FELIX DUNG	BAN	MARY SEG.	TT	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of sen	VICE) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS BLUCK
NO	220-4-65B	JEAN ST	ON EERY;	40/GARRISAN.
18.400131	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		HOENIN		12
(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dis-	e.g., (A) IMMEDIATE CAL	SE UREMIA A CONSEQUENCE OF:	*************************	4 weeks.
injury ar camplication which coused deoth.)	euse,			
ANTECEDENT CAUSES	(B) MAL	IGNANT NEP	HRUSCLEROS	18
DISEASES OR CONDITIONS, il ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	************************************		*****
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING CO			
TO THE DEATH BUT NOT RELATED TO THE TERM!	NAL SENIL	1TY.		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	B. IF YES, WERE FINDI	NGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	14-		The second secon
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218 PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	ice bldg., INJURY OCCUR?	it in commore City	, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX)	While At Not While			
22. 1 certify that (1) (this haspital) ottend			7 to	9/8/10/71
that (I) (we) last saw the deceased alive	0 1	8 19] and that !	n(my) (aur) opinion	deoth occurred on the dote
ond hour and fram the causes stated obov	ve. (1) (We) (did) (did net) v			
23A. SIGNATURE	1.			DATE SIGNED
23C BUYELGIANG	DEGREE Phys			9/8/71
23C.PHYSICIAN'S AZAD CA	ADER.	3D. ADDRESS		
	C.NAME OF CEMETERY OF CRE	MATORY // Inch	TION	
REMOVAL (Specify) 9/1/7/	ARBUTUS MEM	PHATORY BAN BA		vn, or county) (Stote)
SA. DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Wimork (ADDRESS
54.710 1971 Paber	ENaBer M.D.	WABROOKS RI	regard 14	63N.CARFUST.
\$ 150-REV. 1/1/68 .			1101017	A TAIL OF THE PARTY OF THE PART

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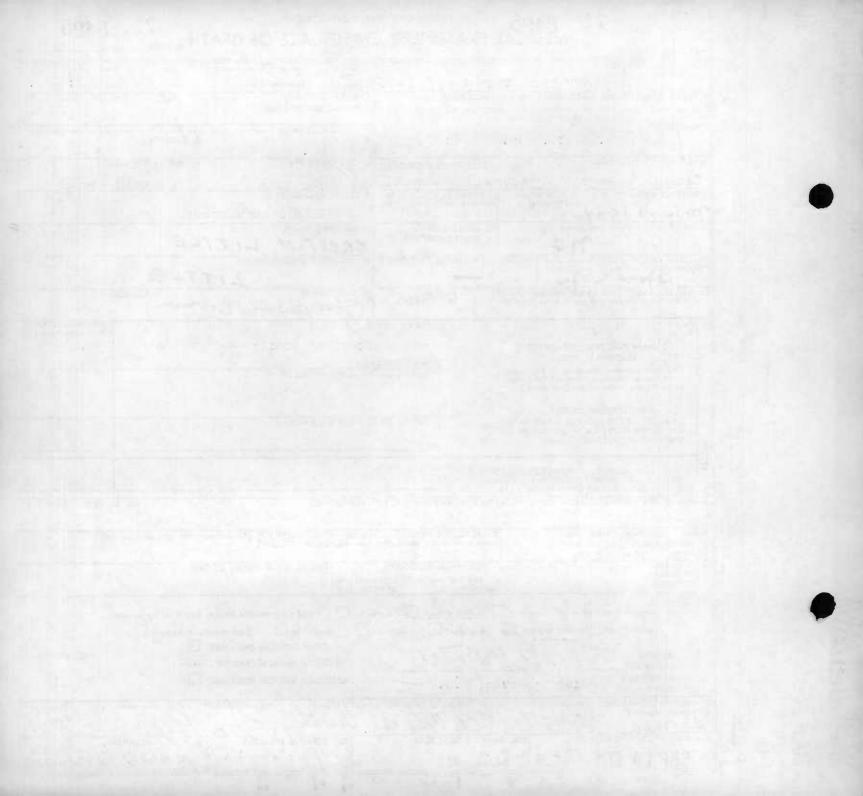
15 -21	BALTIMORE CITY	HEALTH DEPARTMENT	100	
71 8494	CERTIFICA	TE OF DEATH	REG. NO.	1 8494
I. NAME OF DECEASED			HOUR OF DEATH	
Mary Thomas			27, 1971	1:05 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE IWhere	deceased lived. If inc	titution; residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTE ADDRESS OR LOCATION)	TUTION. GIVE STREET	Maryland	1	1605
HOSPITAL OR ADDRESS OF LOCATION) Provident Hospi	ital Complex	C. CITY OR TOWN Baltimore	D. INSID	E CITY LIMITS?
2600 Liberty He	eights	E. STREET AND NUMBER		YESXX NO
Baltimore, Mary	yland 21215	3520 Hilton Rd.		
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE film years	If Under 1 Yr., If Under 24 Hrs.
FRUIDLE COLUMN WIDOWED	DIVORCED	lo	st birthdoy) 62	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND Odone during most of working life, even if relired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole or foreign	country)	12. CITIZEN OF WHAT COUNTRY
unemployed		(Maya,	Pai	U.S.A.
13. FATHER'S NAME	A	14. MOTHER'S MAIDEN NAME	0	0
John Cault	ione	Lottee L	everac	k
15. Was Deceased (Feet in U. S. Armed Forces? Yes.no or unknown (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1.1	ADDRESS (1)
	911-18-4810	None Mary as	mes 441	5 Frust Pack
18. 4/0:11	CAUSE OF DEATI	/		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1CUD -	- AHT	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAU		0117	Unknown
heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		1
ANTECEDENT CAUSES	0-1	10. a. + 11.	1.19	1. T. I Have
DISTAGES OF COMPANY AS	(B) DUE TO, OR AS	He wate m	10 cardial of	yourum lovey
rise to the above couse (A) stating the UNDERLYING CONDITION lost.		a consequence of:	elizati	m unknown
_ 11			7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************	V	
WAS PERFORMED	WHICH OPERATION	NO NO	208, IF YES, WERE FII IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ne, form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
OF INJURY Month! IDoy) (Yeor) (Hous) 21E	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	ile At Not While			
22. I certify that (I) (this hospital) attended t		ust 26, 1971 10	to_Augus	t 27, 1971 ₁₉
that (1) (we) last saw the deceased alive an.		1		on death accurred on the date
and have and from the causes stated above. (in (my) (doi) aprili	on death accorded on the date
23A. SIGNATURE	D4 60	ow the body offer death.	12	3B, DATE SIGNED
HULLION, Cala		ding Med. Ste	1 1	8-30-71
23C. PHYSICIAN'S NAME (Type)	O DE OKEE	3D ADDRESS A	-1.10	16
24A, BURIAL CREMATION, 24B, DATE 24C.N. REMOVAL ISpecify) 24B, DATE	AME of CEMETERY OF CRE	MATORY 1240. JOC	ATION City,	town, or county) (State)
Buriel 9-4-71 m	T. Calvay	Bu	Klim	mil
SEP 10 1971 Page E. Jan	OF REGISTRAR	25C FUNERAL DIRECTOR) and s	ADDRESS ADDRESS
VS 150-REV, 1/1/68	20, 7.0, 1	A PAN.	us day	in wall are

2541 Edmonson Ave.

8ALTIMORE CITY HEALTH DEPARTMENT

71	8495
- white	0.50

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	8495
53.111.140.	REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Day	Year Hour
Mary Burch or man FIELUS	DEATH Estimoted 8 29	71 2:00 a. M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION	PRONOUNCED DEAD 8 29 5. USUAL RESIDENCE (Where deceased lived, # Institution: re	71 2:00 a _M
So. Balto. Gen. Hospital	A. STATE B. COUNTY	25 2
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
female Negro WIDOWED DIVORCED	Detternos YES!	□ NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	2506 Joseph Avenue	
mar country?	PRESTON LITTLE	
14A-USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY done during mast of working life, even if retired)	16. MOTHER'S MAIDEN NAME	
gove wife -	21774年	
A. WAS DECEASED EVER IN V.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT Robinson ADDR	RESS
19. CAUSE OF DEA		APPROXIMATE INTERVAL
The state of the s		BETWEEN ONSET AND DEATH
	rteriosclerotic cardiovascular	disease
(This does not meen the mode of dying, e.g.,	AUSE	
heart failure, asthenia, etc. It means the disease.	S A CONSEQUENCE OF:	
injury ar complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OF CONDITIONS IS ANY CHANGE	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
O	S PERFORMED 21	. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	n or about 22C. WHERE DID (If in Baltimore City, give exact to bidg., etc.) INJURY OCCUR?	cation)
₩ UTING LI CAUSE OF DEATH.	Single Court	
THE WATER CONTROL TOWN THE CONTROL OF THE CONTROL O	22F. HOW DID INJURY OCCUR?	
	WHILE	
23.	ORK [_]	
I certify that I held an Inquiry Inspection XX Aut	oncy O and that as this basis double to	
		nion
resulted fram: Natural causes Accident Suicid		
ACTUAL (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINERXXX	DAIL SIGNED
EXAMINER'S NAME (Type) Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	8/29/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY	OF CREMATORY 24D. LOCATION (City, town, or	caunty) (State)
REMONAL (Specify) 7-4-7/ Port Polares	a Center & solo	mil
mual I illication	white of Any Reins	1/1/1
		1100 6
	25G. FUNERAL DIRECTOR ADDR	ESS
SEP 10 1971 Poblis E. Jaber & D.	25G. FUNERAL DIRECTOR ADDR	. Carroutera



IMPORTANT

DIRECTOR:

FUNERAL

e men e

FUNERAL DIRECTOR: IMPORTANT

D290	ERTIFICATE OF		71. 8497
1. NAME OF DECEASED Ramband	EKTITICATE OF	2. DATE AND HOUR OF D	DEATH
(Type or Print) Berthard Bu	chal	Sond early	1 8 11 745 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL	RESIDENCE (Where deceased live	ed. If institution: residence before admission
FULL NAME OF OF OF NOT IN HOSPITAL OR INSTITUTION, O	A		firms o do d
HOSPITAL OR ADDRESS OR LOCATION) Mary Level Ceve	O CITY OF		D. INSIDE CITY LIMITS?
Though sava Gane		Towson	YES NO NO
H 8	E. STREET	39 Mussula	LRd. 21204
S. SEX 6. RACE 7. MARRIED NEVE	R MARRIED 8. DATE O	BIRTH 9. AGE (In year lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES	S OR INDUSTRY 11. BIRTHP	ACE (State at fareign country)	12. CITIZEN OF WHAT COUNTRY
done-dyring most of working life, even if retired)	d		
13. FATHER'S NAME	14. MOTH	R'S MAIDEN NAME	U.SA.
15. Was Deceased Ever in U. S. Armed Forces? 16. SOC	AL 17. INFORM	ANT	
	JRITY NO.		ADDRESS
loo.			lll Woodwind Road 2122
DISEASE OR CONDITION DIRECTLY	0 2301	HAGGAL VARICE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	Houte upr	en G.I Bleed	me 30.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,	DUE TO, OR AS A CONSEQU	NCE OF:	2 days
injury or camplication which caused death.)	NUTRITONA	- CIRRHUSIS	2 LIVER
ANTECEDENT CAUSES	Prodic 11	les disers la	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQU	ENCE OF:	ansurer.
rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C	\		
11		19-1.1.20.1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	PULTON Any	ETTAGSEUTA	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Water original	servension	years
19A-DATE OF OPERATION 19B CONDITION FOR WHICH O	PERATION 20A. XU	OPSY? (Yes or No) 208, IF YES, Y	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 218. PLACE O home, farm, felc.)	F INJURY (e.g., in or about 21 octory, street, affice bldg., IN	WHERE DID (If In Bo	allimare City, give exoct lacation)
OF INJURY (Manth) (Doy) (Year) (Hour 21E INJURY	OCCURRED 21	HOW DID INJURY OCCUR?	
(APPROX.) While At Work	Not While		
22. I certify that (I) (this hospital) attended the decea		7 10 77 1	9
that (1) (we) last saw the deceased alive an Sex		7 19 11 ta	
and haur and from the causes stated above. (1) (#e) (d		monmonth and that itt fill t fant	opinian death accurred an the date
23A. SIGNATURE	rul tale nell view the bac	y after death.	23& DATE SIGNED
Kichard C. Keown M.	Attending Phys.	Med. Staff Phys.	9/8/71
23C.PHYSICIAN'S NAME (Type)	23D. ADDRES	0 0 0	0.1/
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CI	METERY OF CREMATORY	1 24D. LOCATION	nal Hospital
Burial 9/11/71 Lorraine		0	Manual and
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTE	AP INC. EUR	Woodlawn, N	
SEP 10 1971 Poster E. Janker, M.	D.	zke. 01630 Edmonds	son Avenue 21228
/S 150-REV. 1/1/6B	n 0 0 A	eve, Orosh Famonas	Ou Avenue Exec



BALTIMORE CITY HEALTH DEPARTMENT

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ADDRESS

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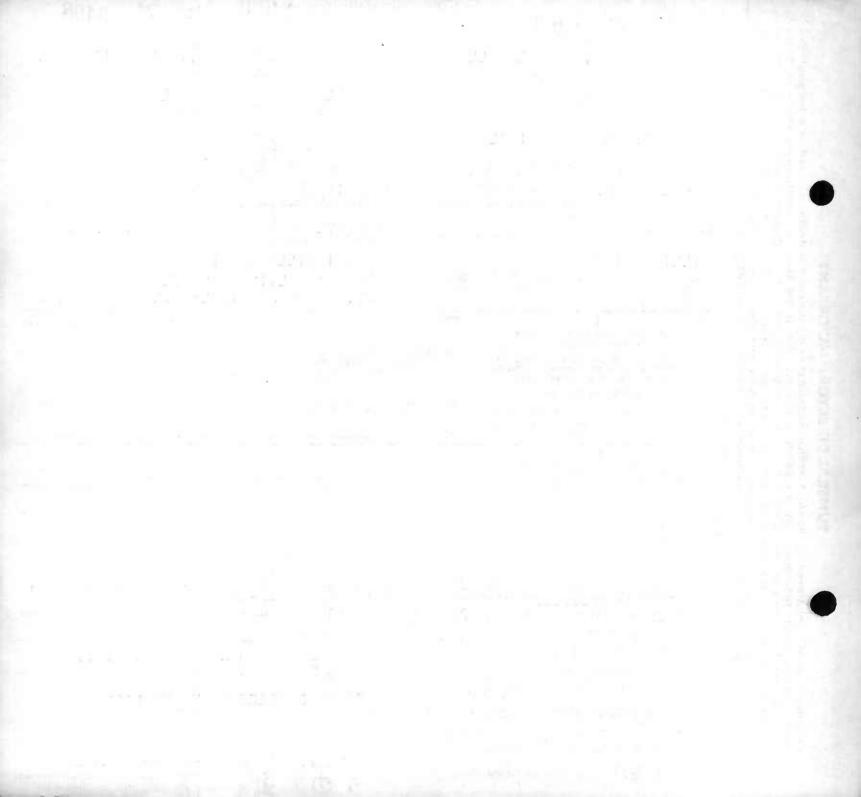
(Stote)

If Under 24 Hrs.

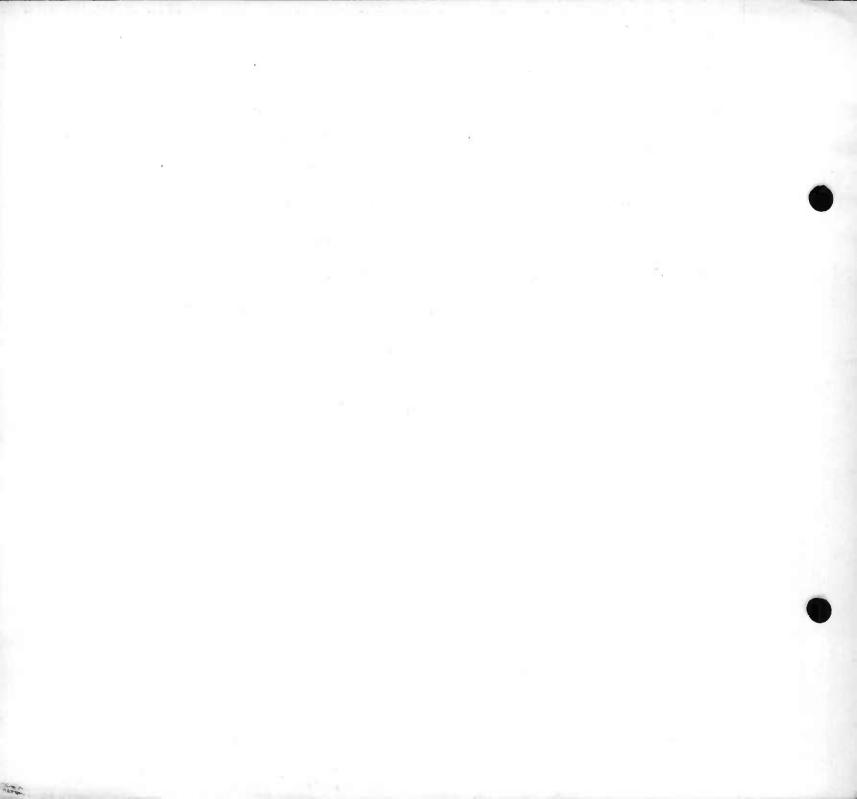
CATON

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH



M-600 71 849	9 CERTIFICA	TE OF DEATH REG. NO.	71 8499
NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
MOORE, JAMES F	dward. JR.	9-8-71	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, If	institution; residence before admission
FULL NAME OF (IF NOT IN HOSMTAL OF ADDRESS OR LOCATION INSTITUTION	R INSTITUTION, GIVE STREET	Md. BAITIMOR	1500
BON SECOURS HO	spitAL	BAITIMORE E. STREET AND NUMBER	YES NO NO
		114 W. TOWNE ROD	d· -
SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
MALE White WID	OWED DIVORCED	08-27-96 lost birthdoyl	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNT
one coming most of working lite, even it refited)		1	
RETIRED 3. FATHER'S NAME		MARYLAND	U.S.
MINISTER S NAME		14. MOTHER'S MAIDEN NAME	
MOORE, JAMES E.	SR.	MARY ElizAbeth HA	IRRIMAN
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of s	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknowns lit yes, give wor or doles of a			
1B. // //	CAUSE OF DEATH		2025 W FAYETT
LEADING TO DEATH (This does not meen the mode of dying heart foilure, asthenio, etc. Il means the dinjury at complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, tise to the above couse (A) stotin UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1988. CONDITION WAS PERFORME 2144 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	giving (B) DUE TO, OR AS g the (C)	A CONSEQUENCE OF: WITH WALL OF IT YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21D-TIME (Month) (Doy) (Yeoi) (Houi OF INJURY (APPROX.)	While At Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) otter		9-2 197/ to 4	_ %
that (1) (we) last saw the deceased aliv		- delication of the state of th	
· ·		197/and that In(my) (our) op	Inlan death accurred on the do
and haur and fram the causes stoted ob	ave. (1) (We) (did) (did not) vi	ew the bady after death.	
23A. SIGNATURE			238, DATE SIGNED
MARCO T. FLOREZ	MD Atten	ding Med. Stoff Phys.	9-8-71
23C. PHYSICIAN'S NAME (Type)	nd mD 2	BD. ADDRESS	33-7
	24C. NAME of CEMETERY OF CREA	AATORY 24D. LOCATION (C	Stor Assessment 1
REMOVAL (Specily)			ily, town, or county) (State)
Daniel 0/77 /77			
Burial 9/11/71 A. DATE RECO BY HEALTH DEEL 258. N	AME OF REGISTRAR	Frostburg, M	aryland



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and the character of the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

7-636	71 8500		HEALTH DEPARTMENT	4 174 4	200
BIRTH NO.		CERTIFICA	TE OF DEATH	REG, NO. 72	Sarru
I. NAME OF DECEASED				HOUR OF DEATH	
(Type or Print)	سيحا الماساء	m			
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived. Il institution:	residence belara admission
FULL NAME OF (IF NO HOSPITAL OR ADDR	OT IN HOSPITAL OR INSTITU	TION, GIVE STREET	maryland c. City or town	D. INSIDE CITY	1307
91	Keswick		Baltingere E. STREET AND NUMBER	YES Z	
			700 W. 40 th	511-5-1 00	nO .
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH 9.		or 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (G	WIDOWED Ve kind of work TOP KIND OF	DIVORCED	11-21-1889	81	
done during most of working lile,	ven if retired)	BUSINESS OF INDUSTRY	II. BIRTHPLACE (State or loreign	country! 12. CIT	IZEN OF WHAT COUNTRY
Kousewith	0,		Baltimore-1	Lagland	U.S.a.
3 FATHER'S NAME			14. MOTHER'S MAIDEN NAME		910.9.
augi	ust Klein			Schneider	
5. Was Deceased Ever in U. Yes, na ar unknown) (If yes, giv	S. Armed Forces?	6. SOCIAL	17. INFORMANT	oci incido!	ADDRESS
tt yes, giv		SECURITY NO. 2/2-0/-0923	William G. Fred		sailles Circle
18. 4/0-7		CAUSE OF DEATH	TESTOTET CIE	COTOLS - Z	APPROXIMATE INTERVAL
DISEASE OR CON	DITION DIRECTLY	NA.	1100 11 1	1 .	BETWEEN ONSET AND DEATH
LEADING	TO DEATH	(A) IMMEDIATE CAU	yocardial I	Ngo reton	Torstant
(This does not meen the	e made of dying, e.g., ic. ii means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury ar camplication w	hich caused death.)	1 1			
ANTECEDER		Ada		1 3	1
		(B) FITE VC	DZCHE LEGICCONG	214 reprosented	6 412
rise to the above	TIONS, if any, giving	DUE TO, OR AS	CONSEQUENCE OF:		
UNDERLYING CONDITION	ON last.	(c)			

OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING				
TO THE DEATH BUT NOT P	FLATED TO THE TEDIAMA	**************	***************************************		
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT REDISEASE OR CONDITION GO	198 CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or Note:	OR IF YES WERE SINDINGS	CONCIDENTS
	WAS PERFORMED		20A. AUTOPSY? (Yes or No)	N CERTIFYING CAUSES OF	DEATH?
21A. ACCIDENT WAS UN	DERLYING 21 B. PI	LACE OF INJURY (e.m. in			
OR CONTRIBUTING CA DEATH (natify medical oxo 21D-TIME (Month) (C	USE OF home,	form, foctory, street, offi	or about 21C. WHERE DID co bldg., INJURY OCCUR?	(If In Baltimore City, giv	e exact lacation)
210 The same of th					
OF INJURY (Month) (NJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
(APPROX.)	While Wark	At Wark			_
22. I corelly show (1) (all	is hospital) attended the			10 00	1
			- A	(0 X 10 7 30)	and an interpretation of the contraction of the con
that (I)(we) last saw th		1 70 04	19 7 and that	n(my) (aur) apinian dea	th accurred on the date
and haur and from the	auses stated above (1)	(We) (did) (Aid nat) vi	w the body after death-		
23A. SIGNATURE			,	23B, DAT	E SIGNED
Kulson 1	- Kerbardon	Atten		# 0	1001
23C. PHYSICIAN'S NAME (Typel	- La marian	DEGREE	D. ADDRESS	s. L J ?	1111 198
NAME (Typel		2.	► WDDK522		
Aubrey	D. Richardson,	M.D. DEGREE	700 W. 40th St	reet	
4A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24C. NAM	TE of CEMETERY OF CREA	ATORY 24D. LOCA		r county) (State)
	9/11/71 Vio	letville - St		timore, Marylan	
SA. DATE REC'D BY HEALTH				m more, rarytan	
	DEPT. 258 NAME OF	PATD!	25C. FUNERAL DIRECTOR	ma	ADDRESS
A STATE OF THE STA	0 3	1000	W1t2ke 1630	Edmondson Avenu	e 21228
S 150-REV. 1/1/68					

Keswick had No Home Address,

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